

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029109  
STATE FILE NUMBER

4008

88

FIFTH SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>                |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |  | c. CITY OR TOWN <u>Waverly</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Research Hospital</u>   |  |   |  | Length of stay in 1b<br><u>33 days</u>  |  | d. STREET ADDRESS (If outside, give location)<br><u>Street not listed</u>                                    |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>HENRY</u> Middle <u>J.</u> Last <u>GRUNDMEIR</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>Aug</u> Day <u>19</u> Year <u>'58</u>  |  |  |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>May 13, 1872</u>  |  |
| 9. AGE (In years last birthday)<br><u>86</u>  |  | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>21</u> Hours <u>0</u> Min. <u>0</u>  |  | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Annual Farming</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Waverly, Germany</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |  |
| 13. FATHER'S NAME<br><u>John Grundmeir</u>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Anna Guenther</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(If no, or unknown) <u>no</u> (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |  | 17. INFORMANT<br><u>Mrs. Sara Grundmeir</u> Address <u>Waverly, Missouri</u>  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1-2 wks</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Cardio-Renal disease</u>  |  |   |  |   |  |  | <u>4-5 wks</u>   |
| DUE TO (c) <u>arteriosclerotic heart disease</u>  |  |   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>fracture, acute RT femur</u>   |  |   |  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>PT. fell at home</u> |  |   |  |  |  |
| 20c. TIME OF INJURY<br>Hour, Month, Day, Year<br>a. m. p. m.  |  |   |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u>                |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |  |
| 21: I attended the deceased from <u>7-16-58</u> to <u>Aug 19, 58</u> and last saw <sup>him</sup> alive on <u>Aug 19 1958</u><br>Death occurred at <u>7:50 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Harry B. Overesch, M.D.</u>  |  |   |  | 22b. ADDRESS<br><u>600 Prof. Bldg. K.C. 6 Mo.</u>   |  | 22c. DATE SIGNED<br><u>Aug 20 '58</u>  |  |
| 23a. BURIAL, CREMATION REMOVAL (Specify)<br><u>Remove</u>   |  | 23b. DATE<br><u>Aug 20, 1958</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Waverly Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Waverly Missouri</u>                                     |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>RICHMOND, MISSOURI</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-20-58</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Walter Minshall</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Harry B. Overesch

SEP 11 1958



NOV 17 1958

Nov 2-13-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*George H. Cole*

Licensed Embalmer No. 400

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*[Handwritten mark]*

*[Handwritten mark]*