

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029175

STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 149 Primary Registration District No. 1005

Registrar's No. 3877

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2631 Lockridge		Length of stay in hospital 4 months	d. STREET ADDRESS (If outside, give location) 2631 Lockridge
3. NAME OF DECEASED (Type or print) First Herman Middle Mc Gruder Last Mc Gruder		4. DATE OF DEATH Month Aug. Day 8, Year 1958	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 15, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 4 IF UNDER 1 YEAR: Months 4 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
11a. BIRTHPLACE (City and state or country) Hughes, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Brady McGruder		13b. MOTHER'S MAIDEN NAME Anna Pearl Robinson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Anna Pearl McGruder Address 2631 Lockridge	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation			INTERVAL BETWEEN ONSET AND DEATH 8 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1-2-3 Degree Burns of Body			
DUE TO (c) House Fire			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) House Fire	
20c. TIME OF INJURY 8:30 a.m. 8/8/1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2631 Lockridge	
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo		20f. COUNTY 123 STATE	
21. I attended the deceased from _____ to _____ and last saw her ^{or} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	
22c. DATE SIGNED 8/8/58		23a. NAME OF CEMETERY OR CREMATORY Highland	
23b. LOCATION (City, town, or county) (State) Kansas City, Mo.		23c. DATE RECD. BY LOCAL REG. 8-12-58	
23d. REGISTRAR'S SIGNATURE neva minshell		24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

STATEMENT BY LICENSED EMBALMER

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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 Conrado A. Galindo Balboa

Licensed Embalmer No. 4944

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.