

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032858

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4310

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) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) Trinity Lutheran		Length of stay in lb 44 Yrs.	d. STREET ADDRESS (If outside, give location) 5806 E. 12th
3. NAME OF DECEASED (Type or print) First GEORGIA Middle ANNA Last MELROSE			4. DATE OF DEATH Month 9 Day 8 Year 1958
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-30-1879
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Lawson, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John G. Jones.	
13b. MOTHER'S MAIDEN NAME Nancy Campbell		14. NAME OF HUSBAND OR WIFE Claude Melrose - Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, <input checked="" type="checkbox"/> war or <input checked="" type="checkbox"/> states of <input checked="" type="checkbox"/>)		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT Mrs. Anna Bailey		Address 5806 E. 12th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			7 days
DUE TO (c) Coronary heart disease			2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Aug 29-58 to Sept 8-58 and last saw her alive on Sept 7-1958 Death occurred at 5:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Grauerholz M.D.		(Degree or title)	22b. ADDRESS 3527 Broadway K.C. Mo
22c. DATE SIGNED Sept 9-58			
23a. BURIAL, CREMATION, or other disposition Burial		23b. DATE 9-11-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City Missouri			
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-9-58
26. REGISTRAR'S SIGNATURE Ieva Minshall			

All diseases in Part I must be causally related.

J. W. Grauerholz USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Handwritten notes at top right, including "1:00 4:30" and "These".

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 [Signature] Licensed Embalmer No. 3938 P. O. Address [Signature]

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.