

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036298  
STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 4779

S. 300  
1-57 4

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 checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION RUSSELL RESTAURANT length of stay in lb 50 YEARS		d. STREET ADDRESS (If outside, give location) 1900 Linwood Blvd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last GRANT CARL			4. DATE OF DEATH Month Day Year OCT - 8 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN 1872
9. AGE (In years by birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER	11. BIRTHPLACE (City and state or country) OTTUMWA IOWA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN CARL	
14. MOTHER'S MAIDEN NAME UNKNOWN		15. NAME OF HUSBAND OR WIFE - - - -	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. 492-28-5162	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 37 years 4500	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE 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 7-1-58 to 10-8-58 and last saw her/him alive on 10-8-58. Death occurred at 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Dr. Paul Laurence		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 10-8-58		23. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE OCT. 11 - 1958	
23c. LOCATION (City, town, or county) KANSAS CITY		23d. (State) MISSOURI	
24. FUNERAL DIRECTOR ADDRESS P.W. NEWCOMER'S SONS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 10-10-58	
26. REGISTRAR'S SIGNATURE neva minshall			

All diseases in Part I must be causally related. No symptoms will be listed.

Frank Paul Laurence, M.D. MEDICAL CERTIFICATION FULLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Ray Raymond M. Hardy* .....  
Licensed Embalmer No. *4913* .....  
P. O. Address *Indep, 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.