

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009417

STATE FILE NUMBER 1043

FILED MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1043

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
H. R. Lyddon, Jr.

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 DECEASED (in hospital, give location) HOSPITAL OR INSTITUTION GROSS NURSING HOME Length of stay in lb 40 YEARS		d. STREET ADDRESS (If outside, give location) 7415 HIGHLAND AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lelia C GRANT		4. DATE OF DEATH Month Day Year Feb. 22-1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH-23-1886
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) BATES COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE JEROME J. GRANT	
13a. FATHER'S NAME ALLEN WRIGHT		13b. MOTHER'S MAIDEN NAME IZORA CLARK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT MRS. CLOVER MAE WYMORE		Address 7415 HIGHLAND AVE. KANSAS CITY, MO.	
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 bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerotic heart disease DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH 3 wks 2 yrs
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 7-2-50 to 2-22-59 and last saw her alive on 2-20-59 Death occurred at 7:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. R. Lyddon, Jr. M.D.		22b. ADDRESS 1007 E. 75, A.C. MO	
22c. DATE SIGNED 2-23-59		23. DATE FEB. 25, 1959	
23a. NAME OF CEMETERY OR CREMATOR RICH HILL CEMETERY		23b. LOCATION (City, town, or county) (State) RICH HILL MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 2-25-59	
26. REGISTRAR'S SIGNATURE New Marshall			



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 *Thomas W. Pearson*.....

Licensed Embalmer No. *4889*.....

P. O. Address *20, 7th*.....

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.