THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013420

STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1542

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City, Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ~~1021~~ 1021 E. Linwood Length of stay in 1b 20 Yrs.	d. STREET ADDRESS (If outside, give location) 1021 East Linwood Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Dorothy Middle Last McGrew		4. DATE OF DEATH Month April Day 17, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9 8 1905
9. AGE (In years last birthday) 53 Yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hamilton, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles Smith	13b. MOTHER'S MAIDEN NAME Bertha Polla nd	14. NAME OF HUSBAND OR WIFE Carl McGrew	
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 Carl McGrew Address 1021 East Linwood	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EDEMA	2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FAILURE	2 DAYS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	4-6 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BRONCHIAL ASTHMA (SEVERE) 30 YRS. 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1948, to APRIL 16 1959 and last saw her alive on APRIL 16, 1959

Death occurred at 4 A.M. 4/17/59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) George K. Landis, M.D.	22b. ADDRESS 1630 Prof. Bldg. KC Mo.	22c. DATE SIGNED 4/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 20 59	23c. NAME OF CEMETERY OR CREMATORY Memnorial Park
23d. LOCATION (City, town, or county) Kansas City, Mo (State)		
24. FUNERAL DIRECTOR D W Newcomer's Sons. ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 4-18-59	26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

George K. Landis USE ONLY 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 embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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