

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021395
STATE FILE NUMBER
2813

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2813

FILED JUN 24 1959

| | | | |
|---|--|---|---|
| 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 | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8801 Prospect | | d. STREET ADDRESS 8400 Blue River Rd. | |
| 3. NAME OF DECEASED (Type or print) First FRANKLIN Middle LEROY Last GROVES | | 4. DATE OF DEATH Month /6 Day 6 Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-17-1910 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY General Hauling | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri |
| 13a. FATHER'S NAME Clarence Groves | | 13b. MOTHER'S MAIDEN NAME Laura Brown | 14. NAME OF HUSBAND OR WIFE Marguerite Groves |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 570-10-1677 | 17. INFORMANT Address K.C., Mo. Mrs. Marguerite Groves: 2815 Forest |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & hemorrhage resulting from gunshot wound of Rt chest that severed femoral artery | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in chest | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Kansas City, Jackson Mo | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Dr. Fred W. Marshall</i> | 22b. ADDRESS 667 Prospect 15th | 22c. DATE SIGNED 6-7-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-11-1959 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO. | | 25. DATE RECD. BY LOCAL REG. 6-9-59 | 26. REGISTRAR'S SIGNATURE <i>new Marshall</i> |

All diseases in Part I must be causally related.

Geo. C. Kealy, Registrar

MEDICAL CERTIFICATION

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 *J. LeRoy Maoney*

Licensed Embalmer No. *4776*

P. O. Address *K.P. Me*

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.