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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021402
State File No.

FILED JUL 8 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3028

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>K.E.J.B. Hospital</u>		STREET ADDRESS (If rural, give location) <u>302 E. 33rd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GRANT</u>	b. (Middle) <u>Ulysses</u>	c. (Last) <u>HAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 7 1889</u>	9. AGE (In years last birthday) <u>77 7/8</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 12 HRS. Hours <u>2</u> Min. <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during last year or last year if retired) <u>R.R. Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pierce City, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Willis Hand</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>	14. NAME OF HUSBAND OR WIFE <u>Annabelle Hand</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-10-6666</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. Rutan, K.E. Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>	INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from MARCH 6, 1959, to JUNE 21, 1959, that I last saw the deceased alive on 6-21, 1959, and that death occurred at 11:42 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward P. Flinn M.D.</u> (Degree or title) <input type="checkbox"/>	23b. ADDRESS <u>K.E.B. Hospital</u>	23c. DATE SIGNED <u>6/21/59</u>
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/23/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-22-59</u>	REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	15. FUNERAL DIRECTOR'S SIGNATURE <u>Sidman Mortuary</u>	ADDRESS <u>KANSAS CITY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward P. Altomare

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.....

Licensed Embalmer No. 45

P. O. Address Kansas

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.