

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025153

FILED VS AUG 1 0 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3546 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Missouri	b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in lb 60 Yrs	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelly Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 609 main	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First JOSEPH	Middle P	Last GRUNDY	4. DATE OF DEATH	Month July	Day 19	Year 1959
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5. SEX Male	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 Aug 24 1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	10b. KIND OF BUSINESS OR INDUSTRY Coal Yard	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William T Grundy	13b. MOTHER'S MAIDEN NAME Nancy C Pratt	14. NAME OF HUSBAND OR WIFE Unknown
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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) Yes WW1	16. SOCIAL SECURITY NO. 495-09-5084	17. INFORMANT Mrs Lucy Truitt 1310 Admiral Blvd K C Mo
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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 10-20 min.
IMMEDIATE CAUSE (a) Coronary occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
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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
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21. I attended the deceased from **6:50 pm May 29** to **July 19 1959** and last saw ^{her}him alive on **7/2/59**
Death occurred 'at' **6:50 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. E. Riller (Degree or title)	22b. ADDRESS K. C., Mo.	22c. DATE SIGNED 7/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-23-1959	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leavenworth Kansas
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24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 7-21-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. 570

working under my personal supervision.

Student Robert E. Francis

Signature of Student Embalmer

Signed Thomas A. Smith

Licensed Embalmer No. 4951

P. O. Address F. C. M.

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