DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 9 1959

59–029455
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp
Length of stay in 1b: 1yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11213 Norton
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 207 East Forest
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Augusta Middle: C. Last: Grube

4. DATE OF DEATH Month: 8 Day: 31 Year: 59

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 7-28-1870
9. AGE (last birthday) 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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 Home
11. BIRTHPLACE (City and state or country) Gallia Co. Ohio
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME August Ropeter
13b. MOTHER'S MAIDEN NAME Carolyn Lear
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Edwin Grube Address Lees Summit Mo

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	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerotic Heart Disease	unk.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 June 1958, to 31 Aug. '59 and last saw her/him alive on 30 Aug. 59
Death occurred at 5:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Doherty (Degree or title) MD
22b. ADDRESS 2108 W. 75th KC 15, Mo
22c. DATE SIGNED 9/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-2-59
23c. NAME OF CEMETERY OR CREMATORY Lees Summit
23d. LOCATION (City, town, or county) Lees Summit (State) Mo

24. FUNERAL DIRECTOR Langsford Funeral Home
ADDRESS Lees Summit Mo
25. DATE RECD. BY LOCAL REG. 9/2/59
26. REGISTRAR'S SIGNATURE Sterling Goddard

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W B Langsford

Licensed Embalmer No. 323

P. O. Address Lee's Sum

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