URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010222

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 67

ENDED

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Length of stay in 1b 9 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Rural Grand River Twp
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 mi S W of Harrisonville
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle Last GRONEFELD

4. DATE OF DEATH Month Mar Day 18 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Mar-13-1880

9. AGE (last birthday) 80

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

11. BIRTHPLACE (City and state or country) Breese Illinois

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Ferdinand Theener

13b. MOTHER'S MAIDEN NAME Kathren D. Dettner

14. NAME OF HUSBAND OR WIFE Geo. H. Gronefeld

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 Clara Bouse Address Harrisonville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIAL SCLEROSIS & HBP

DUE TO (c) PULMONARY SCLEROSIS - SENILITY

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)

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

BY AFFIDAVIT OF

21. I attended the deceased from MARCH 9th 1960, to MARCH 18 60 and last saw her/him alive on MARCH 18 60

Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David S. Long (Degree or title) M.D.

22b. ADDRESS LONG BLDG. HARRISONVILLE, MO.

22c. DATE SIGNED Mar 21-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar 21-1960

23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery

23d. LOCATION (City, town, or county) Harrisonville (State) Mo

24. FUNERAL DIRECTOR Runnenburg's

ADDRESS Harrisonville Mo.

25. DATE RECD. BY LOCAL REG. Mar. 21-1960

26. REGISTRAR'S SIGNATURE Mrs Ray Debree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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._____

working under my personal supervision.

Student_____ Signed Frank E. Runnenburg

Signature of Student Embalmer

Licensed Embalmer No. 5023

P. O. Address Harrisonvi

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