

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015341

FILED VS. APR 25 1960

149

Primary Registration District No. 1002

Registrar's No.

1854

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Length of stay in 1b <b>4 1/2</b> Yrs		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>60th &amp; Swope Pkway, K.C. Mo</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6027 Swope Parkway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Victor</b> Last <b>Grable</b>				4. DATE OF DEATH Month <b>3</b> Day <b>29</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11 23 1898</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Galesburg, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>
13a. FATHER'S NAME <b>Oscar Grable</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Crumrind</b>			14. NAME OF HUSBAND OR WIFE <b>Lola Grable</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>500 14 3117</b>		17. INFORMANT Address <b>Mrs. Lola Grable 6027 Swope Parkway, K. Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>A. H. C. V. DISEASE</b>							INTERVAL BETWEEN ONSET AND DEATH <b>YRS.</b>
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"/> N- <input type="checkbox"/> Unknown	
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.)			
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 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
21. I attended the deceased from <b>3-23-60</b> to <b>3-29-60</b> and last saw him alive on <b>3-1-60</b> Death occurred at <b>EARLY</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>A. C. Quistgard M.D.</b>				22b. ADDRESS <b>6741 Prospect K.C. Mo</b>		22c. DATE SIGNED <b>3-30-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-31-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR <b>Floral Hills Memorial Chapels, Inc K.C. Mo</b>				25. DATE RECD. BY LOCAL REG. <b>3-31-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6741  
Forrest D. Baldwin

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest D. Baldwin

Licensed Embalmer No. 4714  
P. O. Address KCMO.

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.