

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

149

Primary Registration District No. 1002

Registrar's No.

3750

=60-026875

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 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 St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7537 Main Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle C. Last Grafton				4. DATE OF DEATH Month July Day 19, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-16-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker (retired)			10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (City and state or country) East Liverpool, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph B. Grafton			13b. MOTHER'S MAIDEN NAME Fanny (Unknown)			14. NAME OF HUSBAND OR WIFE Kathryn Grafton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 496-16-6325		17. INFORMANT Address K. C. Mrs. Kathryn Grafton, 7537 Main St. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism							INTERVAL BETWEEN ONSET AND DEATH 2 da	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction acute 2 wk								
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		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Jan 1953 , to July 19, 1960 and last saw him alive on July 19, 1960 Death occurred at St. Mary's Hosp in the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Orval T. Needels MD (Degree or title)				22b. ADDRESS 7400 Wornall R.C., 4 Mo. Jdgs, 1960			22c. DATE SIGNED July 19, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, ADDRESS 20 West Linwood K. C. Mo.				25. DATE RECD. BY LOCAL REG. 7-20-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Orval T. Needels

BY AFFIDAVIT OF

Dr Croil J 7.
7400 Wore

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Jack

Licensed Embalmer No. 505

P. O. Address KC 33

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