RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 15 1960 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 530 -60-038639 STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b 5 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1400 North River Road SKY-VIEW NURSING HOME. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1400 NORTH RIVER ROAD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First REZIN Middle LEE Last GRABLE
4. DATE OF DEATH Month Day Year November 6, 1960

5. SEX Male
6. COLOR OR RACE Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JUNE 12, 79
9. AGE (last birthday) 81 — 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) DRILLER
10b. KIND OF BUSINESS OR INDUSTRY OIL
11. BIRTHPLACE (City and state or country) DONIPHAN COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME FRANK GRABLE
13b. MOTHER'S MAIDEN NAME LAURA WILLIAMS
14. NAME OF HUSBAND OR WIFE MINNIE GRABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Span-Amer.
16. SOCIAL SECURITY NO. 448-07-4602
17. INFORMANT Address Mrs Mary Bennett, 3609 N. Chelsa, K.C., Mo.

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 Congestion	4-5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes Mellitus	2 + years
DUE TO (c)	Malnutrition	2 months

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 December- 1958, to November 1960 and last saw her/him alive on October 29, 1960
Death occurred at 9:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E H Darsch MD
22b. ADDRESS 10901 Winner Road
22c. DATE SIGNED 11/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV.9,1960
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Son's 1331 Brush Creek Blvd. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 11-8-60
26. REGISTRAR'S SIGNATURE James D. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 17 1960

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 Vern Fowler

Licensed Embalmer No. 491

P. O. Address 1K6 M

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.