

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046091

FILED VS JAN 11 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6431 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA General Hosp</u>			d. STREET ADDRESS (If outside, give location) <u>7204 Highland</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Clifford</u> Middle <u>C.</u> Last <u>Grosch</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>20</u> Year <u>60</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/10/1904</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Construction</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elevator</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>		
10c. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Frank Grosch</u>		13b. MOTHER'S MAIDEN NAME <u>Lilly White</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-9296</u>		17. INFORMANT <u>Clara Grosch</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <u>Clara Grosch</u>		Address <u>7204 Highland</u>		

IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary thrombosis, artery</u>		<u>15 min</u>
	DUE TO (c) <u>Generalized atherosclerosis</u>		<u>10 yrs</u>
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 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 <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>	

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 <u> </u>	COUNTY <u> </u>	STATE <u> </u>
21. I attended the deceased from <u>May 17, 1957</u> to <u>12-1-60</u> and last saw him alive on <u>12-1-60</u> Death occurred at <u>7:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Charles George Hart</u>		22b. ADDRESS <u>618 Professor Blvd</u>		22c. DATE SIGNED <u>12-21-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/23/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-60</u>		26. REGISTRAR'S SIGNATURE <u>H-L. Dwyer</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF CHAS S. COOPER

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 J. H. Crowell

Licensed Embalmer No. 49

P. O. Address 94 E. 9th

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.