

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-61-005342	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>149</u> Primary Registration District No. <u>1002</u> Registrar's No. <u>543</u>											
AMENDED											
FILED VS FEB 20 1961											
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>Jackson</u>						a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only)				Length of stay in 1b		c. CITY OR TOWN <u>Kansas City</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN <u>Kansas City</u>				<u>52 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)						d. STREET ADDRESS (If outside, give location)					
HOSPITAL OR INSTITUTION <u>Saint Lukes</u>						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>@ 235 Ward Parkway</u>					
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH					
First Middle Last <u>Mr. Frank R; Grant</u>						Month Day Year <u>Jan 30 61</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</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>Jan 29 '82</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
										Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>Vice President, C. Nichols Co. Realty</u>				<u>Elmwood Kansas</u>				<u>USA</u>			
13a. FATHER'S NAME <u>William H. Grant</u>				13b. MOTHER'S MAIDEN NAME <u>Ella Logan</u>				14. NAME OF HUSBAND OR WIFE <u>Adan A. Grant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/D</u>				16. SOCIAL SECURITY NO. <u>495-05-5931</u>				17. INFORMANT Address <u>Adan Grant, 235 Ward Pkay, K. C., Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <u>Malignant Myeloma - with Metastases to Brain.</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <u>Metastases to Brain.</u>											
DUE TO (c) <u></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 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		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>									
Hour a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)									
Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE									
21. I attended the deceased from <u>Jan 8 - 1945</u> to <u>Jan 30 - 61</u> and last saw her alive on <u>Jan 30 - 1961</u> . Death occurred at <u>11 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>H. P. Boughnol M.D.</u>						22b. ADDRESS <u>Kansas City Mo.</u>			22c. DATE SIGNED <u>1-31-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)			
<u>Cremation</u>		<u>2-1-61</u>		<u>D. W. Newcomers</u>				<u>Kansas City, Missouri</u>			
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.				26. REGISTRAR'S SIGNATURE			
<u>Stine & McClure 3235 Gillham</u>				<u>2-1-61</u>				<u>Ruth Long</u>			

12130
101-7400

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Orvil Bobers

Licensed Embalmer No. 4232

P. O. Address K. C. Mo

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