SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2660 61-021274 STATE FILE NUMBER

FILED JUN 21 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of time in this place: ~~5 yrs.~~ 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3720 Jarboe — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Merriam — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6300 Mackey — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Louise Middle: B. Last: Grika
4. DATE OF DEATH: Month: May Day: 27, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/20/1877
9. AGE (last birthday): 84
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Milliam Michls
13b. MOTHER'S MAIDEN NAME: Louise Rajhl
14. NAME OF HUSBAND OR WIFE: Henry Frank Grika
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Howard H. Grika Address: Merriam, Kansas

MEDICAL CERTIFICATION — BY AFFIDAVIT OF M. P. Casebolt — DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 5 yrs
DUE TO (c): Arteriosclerosis — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): No
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: No
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.): No
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from June 1960 to May 27, 1961 and last saw her/him alive on May 27, 1961
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M P Casebolt MD (Degree or title)
22b. ADDRESS: 40 00 Baltimore K.C. Mo
22c. DATE SIGNED: 5/29/61
23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: 5/27/'61
23c. NAME OF CEMETERY OR CREMATORY: Monticello Cemetery
23d. LOCATION (City, town, or county) (State): Johnson County, Kansas
24. FUNERAL DIRECTOR: E. Paul Amos ADDRESS: Shawnee, Kansas
25. DATE RECD. BY LOCAL REG.: 5-29-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

E. Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansa

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