

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009949

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 315

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 5117

2 6001

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12 86-1

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF I. I. ROSENTHAL, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 9/30/61	c. CITY OR TOWN Excelsior Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 2705 Lafayette St.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Park Street
3. NAME OF DECEASED (Type or print) Winifred Elizabeth Grace		4. DATE OF DEATH March 10, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1879
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY xxxxx	11. BIRTHPLACE (City and state or country) Flint, North Wales
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Edward A. Davies	
13b. MOTHER'S MAIDEN NAME Ann Jones		14. NAME OF HUSBAND OR WIFE Thomas Andrew Grace	
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. None	17. INFORMANT Mrs. Vern Goucher, 6706 N. Grand, K.C. 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 Thrombosis DUE TO (b) Arteriosclerosis Generalized DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 weeks 10 years +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stereoid Hemiplegia ext			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 10-5-61 to 3-9-62 and last saw her alive on 3-3-62		Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE I. I. Rosenthal M.D.		22b. ADDRESS St Joseph Mo	22c. DATE SIGNED 3-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR Hope Funeral Home, Excelsior Springs, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Mar. 19, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

USE BLACK INK OR TYPEWRITER RIBBON

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 Chas Virgil Hoyle

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.