

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015231

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2057

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 30 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 42 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP		d. STREET ADDRESS (If outside, give location) 3818 MERCIER AVENUE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES DON GRANT			4. DATE OF DEATH Month Day Year APRIL 11th 1962		
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-30-00	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAXICAB FLEET OWNER	10b. KIND OF BUSINESS OR INDUSTRY A.B.C. TAXI CO.	11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME CHARLES GRANT	13b. MOTHER'S MAIDEN NAME LENA UNKNOWN THOMAS	14. NAME OF HUSBAND OR WIFE RUTH GRANT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT RUTH GRANT, 3818 MERCIER AVENUE, 3818
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Generalized Peritonitis.		
DUE TO (c) Peptic Disordered Ulcer.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coarcted aort let. obstruction + Hemorrhage.		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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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
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21. I attended the deceased from 7 Apr / 62 to 11 April - 62 and last saw her alive on 11 April / 62 Death occurred at 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ruford T. Casebolt MD, 4000 Baltimore 15.C. Mo	22b. ADDRESS	22c. DATE SIGNED 12 Apr / 62
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE APR. 14, 1962	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 4-13-62	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59	DATE AMENDED
1	4/15/62
2 3468	
3	
4 0	
5 1	
6	
7 0	
8 2	
9 5411	
10	
11	
12 68-0	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 3818 Mercier Ave.
 17 3818 Mercier Ave.

BY AFFIDAVIT OF Ruth Grant, informant
 Ruford T. Casebolt, MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

230-330

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

Vern Lawler

Licensed Embalmer No. 4915

P. O. Address 156 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.