MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023062
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3004

FILED JUN 25 1962

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 59 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 623 EUCLID AVENUE LEWELLEN NURSING HOME — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 5506 EAST 27TH ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ALFRED Middle H Last GREBE
4. DATE OF DEATH: Month JUNE Day 5 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/31/01
9. AGE (last birthday): 60 — 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): Employee H.D.
10b. KIND OF BUSINESS OR INDUSTRY: Lee Company
11. BIRTHPLACE (City and state or country): Fairmount, Minn.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Ferdinand GREBE
13b. MOTHER'S MAIDEN NAME: Elizabeth Scherer
14. NAME OF HUSBAND OR WIFE: NELLIE E. GREBE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. NELLIE E. GREBE Address: 5506 EAST 27TH KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal pneumonia	2+ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mal nutrition and multiple decubitus ulcers	Months
DUE TO (c)	Arteriosclerosis and marked cerebral atrophy	3+ years

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 18, 1950 to June 5, 1962 and last saw ~~her~~ him alive on May 25, 1962
Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. S. Long (Degree or title) MD
22b. ADDRESS: Suite 300, Research Medical Office Bldg 6400 Prospect
22c. DATE SIGNED: 6-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 7, 1962
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 6-6-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3358		
3	2		
4	0		
5	1		
6			
7	1		
8	2		
9	4500		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF DOCUMENT

A. Bernard Funeral Home
4800 East 24th Street

132 1. 5749

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 Edward M. Storey

Licensed Embalmer No. 1173

P. O. Address K. C. 10 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.