S. No. 300
v. 10.48

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15284

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4131 Registrar's No. 52

24
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale
c. LENGTH OF STAY (in this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jaudson St. Avondale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale
d. STREET ADDRESS (If rural, give location): Jaudson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): H.
c. (Last): Grissom

4. DATE OF DEATH (Month) (Day) (Year): 5- 5- 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9-8- 1879
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 7, Days 27 — IF UNDER 24 HRS.: Hours X, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Hiway Employe
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Kearney, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John David Grissom
13b. MOTHER'S MAIDEN NAME: Eliza Jane Pierce
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Arthur Allen, Shawnee, Kansas.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
23,4 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. S. Pate MD Coron
23b. ADDRESS: North Kansas City
23c. DATE SIGNED: 2/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-7-1949
24c. NAME OF CEMETERY OR CREMATORY: Karney Cemetary
24d. LOCATION (City, town, or county) (State): Karney Missouri

DATE REC'D BY LOCAL REG.: May 7-49
REGISTRAR'S SIGNATURE: Beulah Kitchen
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Morton-Smith's F.H. N.K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 REC'D
RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 5-18-49

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.

Signed Theron O Smith

Signed .....
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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 this body is not embalmed, fact should be so stated above.