

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30288

State File No.

3956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>W</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>11 months</u>		d. STREET ADDRESS (If rural, give location) <u>4125 Paseo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Menorah 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) <u>Grayson</u> c. (Last) <u>Grayson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-49</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug. 10 1882</u>		9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Quartermasters</u>	

13a. FATHER'S NAME <u>Sigmund Goldstein</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Heidelberg</u>		14. NAME OF HUSBAND OR WIFE <u>Helen</u>	
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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) <u>No.</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Grayson</u> ADDRESS <u>4125 Paseo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-201</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 29, 1949, to Sept 13, 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry C. Hall</u> (Degree or title)		23b. ADDRESS <u>205 Maple Bldg</u>		23c. DATE SIGNED <u>Sept 14 1949</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>Glenn Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Tigerman & Sons</u> ADDRESS <u>Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Francis Walton* _____

Licensed Embalmer No. *2744* _____

P. O. Address *KC 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 this body is not embalmed, fact should be so stated above.