

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1952

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>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>2507 West 49th. Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Josephine</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Groseclose</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25-52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 30 1871</u>		9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>James C. Love</u>		13b. MOTHER'S MAIDEN NAME <u>Sedelia James</u>		14. NAME OF HUSBAND OR WIFE <u>WM. A. Groseclose</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Lutz, Kansas City, Kansas</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage with right hemiplegia</u>			<u>11 days</u>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1950, to 4-25-52, 19 , that I last saw the deceased alive on 4-25-52, 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. P. Neighbor</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>238 Belinder Road, Kansas City,</u>		23c. DATE SIGNED <u>4-26-52</u>	
--	--	---	--	---------------------------------	--

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/28/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>	
--	--	----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>4-28-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kans.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Jimmy S. Hubshon

Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kans*

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.