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

FILED JAN 5 1953

STANDARD CERTIFICATE OF DEATH

42283

State File No. 5533

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>Jackson</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>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3229 Morrell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle)		c. (Last) <u>Groneman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 15 52</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 25-1887</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. School Board</u>				11. BIRTHPLACE (State or foreign country) <u>Buffalo, N. Y.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Chris. Groneman</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Jeanne Groneman</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.			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jeanne Groneman</u>			ADDRESS <u>K.C.</u>		

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							INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of abdominal aneurysm with retro peritoneal hemorrhage</u>		DUE TO (b) <u>Generalized arteriosclerosis</u>								
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									<u>451X</u>	

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) m.			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 Dec. 4, 1952, to Dec. 15, 1952, that I last saw the deceased alive on Dec. 15, 1952, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns, M.D.</u>			23b. ADDRESS <u>24th & Cherry</u>			23c. DATE SIGNED <u>12-16-52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>					
DATE REC'D BY LOCAL REG. <u>12-17-52</u>			REGISTRAR'S SIGNATURE <u>Shelding Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackburn & Son</u>			ADDRESS <u>K.C. Mo</u>		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.