

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30596**
4413

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY JACKSON

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 40 YEARS

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1234 1/2 Ave. Nursing Home STREET ADDRESS (If rural, give location) 5414 Highland Avenue 3758

3. NAME OF DECEASED a. (First) Ida b. (Middle) Belle c. (Last) Grear 4. DATE OF DEATH (Month) (Day) (Year) 9-15-54

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAY 18 1876 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) MILAN, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PETER POTTS 13b. MOTHER'S MAIDEN NAME LAURA SEARS 14. NAME OF HUSBAND OR WIFE THOMAS C. GREAR DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. IRENE HARTIG ADDRESS 5414 HIGHLAND AVE. KANSAS CITY, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis 2 years
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X

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) _____ 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 Sept 17, 1954, to Sept 15, 1954, that I last saw the deceased alive on 9-10, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Marcus B. Board (Degree or title) M.D. 23b. ADDRESS Kansas City Missouri 23c. DATE SIGNED Sept 16, 1954

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL 24b. DATE Sept 17, 1954 24c. NAME OF CEMETERY OR CREMATORIUM OAKWOOD CEMETERY 24d. LOCATION (City, town, or county) (State) MILAN, MISSOURI

DATE REC'D BY LOCAL REG. 9-17-54 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE D. J. Neumann ADDRESS 1331 Broadway Circle Kansas City, Missouri

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.....
Signature of Student Embalmer

Signed *John B. Lewis*.....

Licensed Embalmer No. *4875*

P. O. Address *K C MD*

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.