

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15463

State File No.

FILED MAY 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1961</u>	
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 town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6220 SWOPE PARKWAY</u>				STREET ADDRESS (If rural, give location) <u>6220 SWOPE PARKWAY</u> <u>3798</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>GRUBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1955</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>SEPT. 23, 1866</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANKER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LANCASTER, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM GRUBB</u>			13b. MOTHER'S MAIDEN NAME <u>ADOLINE SCOTT</u>			14. NAME OF HUSBAND OR WIFE <u>MINNIE WARE GRUBB</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 <u>MRS R.L. PENLETON</u> ADDRESS <u>KANSAS CITY, Mo. 6220 SWOPE PARKWAY</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 Hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> <u>acute cholecystitis</u> DUE TO (c) <u>old Diseased gall Bladder</u>				<u>4 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				<u>8 days</u>	
19a. DATE OF OPERATION <u>L</u>		19b. MAJOR FINDINGS OF OPERATION <u>L</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>L</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>L</u>			
22. I hereby certify that I attended the deceased from <u>Apr 27</u> , 1955, to <u>May 2</u> , 1955, that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>May 2</u> , 1955, and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Glenn H. Broyles, M.D.</u>				23b. ADDRESS <u>1232 Professional Bldg</u>		23c. DATE SIGNED <u>May 3-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEE'S Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LEE'S Summit Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-5-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. New Adams</u> ADDRESS <u>1531 Brush Creek KC, Mo.</u>			

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

Box 4430

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 *Adrian Jay Stett*

Licensed Embalmer No... 499

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.