

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

87526-55
FILED MAR 1 1956
BIRTH NO. 1530 1956

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 594

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 OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township) <u>St. Louis</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>Childrens' Mercy Hospital</u>				15. STREET ADDRESS (If rural, give location) <u>1510 Admiral Boulevard</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Edward</u> c. (Last) <u>Grooms jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 7 1956</u>					
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>November 24, 1935</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Days <u>13</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>David Edward Grooms</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Katherine Hackett</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Child</u>		16. SOCIAL SECURITY NO. <u>Child</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Edward Grooms, 1510 Admiral Boulevard</u> ADDRESS <u>Kansas City, Missouri</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal haemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>Weeks</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quadrantal Ulcer</u>				
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5410</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>2-3</u> , 1956, to <u>2-7</u> , 1956, that I last saw the deceased alive on <u>2-7</u> , 1956, and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1710 Indep Ave., K.C. Mo</u>		23c. DATE SIGNED <u>2-9-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frost Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-9-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackburn</u> ADDRESS <u>Don 2nd</u>				

(Licensed Embalmer's Statement on Reverse Side)

K.C., Mo.

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..... *W.C. Rinne*

Licensed Embalmer No. *481*

P. O. Address *W.C. Rinne*

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.