

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9115**  
Registrar's No. **1060**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1060</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>27 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>				e. STREET ADDRESS (If rural, give location) <b>1508 Wyandotte Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>GRACE</b> b. (Middle) <b>CAROLINE</b> c. (Last) <b>GRIFFS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 7 56</b>						
5. SEX <b>F</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>5-22-1886</b>			
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		IF UNDER 15 Min. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LUSTERVILLE MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Rowe</b>			13b. MOTHER'S MAIDEN NAME <b>COOK</b>		14. NAME OF HUSBAND OR WIFE <b>PORTER GRIFFS</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>PORTER GRIFFS</b> ADDRESS <b>1508 WYANDOTTE ST KANSAS CITY MO.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Recent Extensive Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis, Left Circumflex Coronary Artery</b>				<b>10 DAYS</b>	
				DUE TO (c) <b>MASSIVE MYOCARDIAL HYPERTROPHY</b>				<b>4201 YEARS</b>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>OLD MYOCARDIAL INFARCTIONS</b>				<b>YEARS</b>	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19 <b>51</b> , to <b>3-7</b> , 19 <b>56</b> , that I last saw the deceased <b>live on 3-7, 1956</b> and that death occurred at <b>8:45 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jean B. Willoughby M.D.</b> (Name or title)				23b. ADDRESS <b>5905 Main KC Mo</b>		23c. DATE SIGNED <b>8 Mar 56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 10 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-10-56</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O.H. Newnamer</b> ADDRESS <b>1331 BRUSH CAREER KANSAS CITY, MO.</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Jean B. Willoughby M.D.

823-8600

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.....  
*Basil V. Honey*

Licensed Embalmer No.....  
*47*

P. O. Address.....  
*P.C., M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.