

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20391**
2514
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 42 Yrs.		c. CITY OR TOWN Kansas City		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 St. Marys Hospital				e. STREET ADDRESS (If rural, give location) 3428 42 3002 Highland						
3. NAME OF DECEASED (Type or Print) a. (First) Grover			b. (Middle) Cleveland			c. (Last) Bacher				
4. DATE OF DEATH June 7 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1885 4 March 1885		
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Food Stuff		11. BIRTHPLACE (City and State or Foreign Country) Topeka, Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME S. E. Bacher			13b. MOTHER'S MAIDEN NAME Ann C. Straub			14. NAME OF HUSBAND OR WIFE Anna Bacher				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. I 486-05-0725		17. INFORMANT'S SIGNATURE OR NAME Anna Bacher					ADDRESS 3002 Highland K.C. Mo.	
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) Cardiac congestive failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency & Coronary Sclerosis. Past wall fibrosis. Infarct DUE TO (c) General arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 weeks 6 mos. 10 yrs. 4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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>June 18 1956</u> , to <u>6/7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/6</u> , 19 <u>56</u> , and that death occurred at <u>7:30</u> a.m., from the causes and on the date stated above.										
23a. SIGNATURE P. J. O'Connell				23b. ADDRESS M. D. 327 Argyle Bldg. KC Mo		23c. DATE SIGNED 6/8-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE -9 June 1956		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.				
DATE REC'D BY LOCAL REG. 6-8-56		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels K.C. Mo.					

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

O'Connell Araxle

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 *Lloyd C. McCall*.....

Licensed Embalmer No. *485*.....

P. O. Address *H.C.*.....

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.