

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30721

FILED OCT 3 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4051

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson <u>3868</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City <u>0</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City <u>86</u> | | Inside Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes Hospital | | | Length of stay in lb <u>6 yrs.</u> | d. STREET ADDRESS (If outside, give location) 6116 Oak St. | |
| 3. NAME OF DECEASED (Type or print) First Virginia Middle Grant Last Grant | | | 4. DATE OF DEATH Month Sept. Day 15 Year 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Nov. 28, 1877 | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Shelbina Missouri <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Malcom Swearingen | | | 14. MOTHER'S MAIDEN NAME Merideth Wood | | |
| 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 Mrs. James F. King Address 6116 Oak St. K.C. Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, acute | | | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis | | | | | 1 year. |
| DUE TO (c) Arteriosclerosis, generalized. | | | | | 4-20 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Polypsis, colon. | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from <u>9-2-56</u> to <u>9-15-56</u> and last saw her alive on <u>9-15-56</u> . Death occurred at <u>12:15 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE (Degree or title) P. L. Byers M.D. | | 22b. ADDRESS 4635 Wyendale R.C. Mo. | | 22c. DATE SIGNED 9-15-56. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/17/56 | 23c. NAME OF CEMETERY OR CREMATORY Shelbina Memorial | 23d. LOCATION (City, town, or county) Shelbina | STATE Missouri | |
| 24. FUNERAL DIRECTOR Stine & Mc Clure ADDRESS Kansas City Mo. | | 25. DATE RECD. BY LOCAL REG. 9-15-56 | 26. REGISTRAR'S SIGNATURE Gene Minshel | | |

Dr. Philip L. Burs
4635 Wyanadotte
Je1-5643

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 *Regina L. Kern*

Licensed Embalmer No. *46*
P. O. Address *Kenosha, Wyo.*

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