Health, Welfare Public Service

300
1-56

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30955 3889

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

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1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elms Nursing 1310 East Armour — Length of stay in 1b: 43 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 435 West 35th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GRACE Middle Last SLEETH

4. DATE OF DEATH: Month Sept Day 1 Year 1956

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MAY 16, 1872
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

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): Shelby County, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adeison SLEETH
14. MOTHER'S MAIDEN NAME: Margaret Joyce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: JOHN SLEETH, 435 W. 35th St. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senile + Arteriosclerotic Coma — INTERVAL BETWEEN ONSET AND DEATH: Several years
Cerebral Degeneration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) May have been contributed to by a cerebral concussion head injury about
DUE TO (c) 4 years ago.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 95% Blind. Spastic Paraplegia for years 334XF
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — no
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): none unless fall on head in her home about 4 years ago possibly contributed to cerebral degeneration.
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): None
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1954, to Sept 1, 1956 and last saw her alive on Sept 1 1956
Death occurred at 10:35 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Harvey Jennett (Degree or title) MD
22b. ADDRESS: 1500 Professional Bldg Kansas City 6 Mo
22c. DATE SIGNED: 9-3-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 4, 1956
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: D. W. Newcomer Sons
ADDRESS: 1331 Brush Creek Blvd K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 9-4-56
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. Harvey Jennett

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Rollie Kessel.....

Licensed Embalmer No.469

P. O. Address .....K.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.