

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24856
STATE FILE NUMBER
3213

FILED AUG 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 1b 7 yrs. 270	
3. NAME OF DECEASED (Type or print) Grace		4. DATE OF DEATH Month 7 Day 9 Year 1957	
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 7-21-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Haney, Maryland
13a. FATHER'S NAME Henry T. Hyser		13b. MOTHER'S MAIDEN NAME Susan M. Shiner	14. NAME OF HUSBAND OR WIFE
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 Russell Lambert Wellington, 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) Arteriosclerotic heart disease, congestive DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Fracture of right hip			INTERVAL BETWEEN ONSET AND DEATH E9030 20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of right hip			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell on front porch	
20c. TIME OF INJURY Hour 8:30 p.m. Month 7 Day 3 Year 57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	
		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Missouri	
21. I attended the deceased from July 3, 1957 to July 9, 1957 and last saw her alive on July 9, 1957 Death occurred at 1 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. I. Burns (Degree or title)		22b. ADDRESS 24th & Cherry	
		22c. DATE SIGNED 7-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 7-10-57		23b. DATE 7-10-57	
		23c. NAME OF CEMETERY OR CREMATORY	
		23d. LOCATION (City, town, or county) (State) Wellington, Kansas	
24. FUNERAL DIRECTOR DeWese Mortuary Wellington, Mo.		25. DATE RECD. BY LOCAL REG. 7-10-57	
		26. REGISTRAR'S SIGNATURE Vera Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John R. Diederich*

Licensed Embalmer No. 453

P. O. Address *Kansas City*

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.