

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5801-60-042024
5801 STATE FILE NUMBER

FILED VS DEC 8 1960

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 Raytown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		d. STREET ADDRESS (If outside, give location) 10805 E. 58th St. Terr.	

3. NAME OF DECEASED (Type or print) First Middle Last Jake Grass			4. DATE OF DEATH Month Day Year 11th 15th 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-90	9. AGE (last birthday) 70	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and state or country) DEs MOINES IOWA U.S.		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Charles Grass		13b. MOTHER'S MAIDEN NAME Sarah Karn		14. NAME OF HUSBAND OR WIFE Nellie Grass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT			16. SOCIAL SECURITY NO. 493 128008		17. INFORMANT Address Nellie Grass, Wife, Raytown, Mo V.A. Hospital, Kansas City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bronchogenic carcinoma, upper lobe of left lung with metastases to adrenals and right kidney			
DUE TO (b)			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inactive pulmonary tuberculosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR 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 **May 24, 1960** to **November 15, 1960** at **Raytown, Mo.**
Death occurred at **4:00 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. J. Fripzlen</i>	(Degree or title) T. J. FRIPZLEN MD	22b. ADDRESS V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 11-15-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY MACHPELAH Cem.	23d. LOCATION (City, town, or county) (State) Lexington Mo.
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24. FUNERAL DIRECTOR Vaughn-Walker Lexington Mo	ADDRESS Lexington Mo	25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Missouri Jackson

Raytown

175 days

10805 E. 28th St. Terr.

Missouri Jackson

Kansas City

V.A. Hospital

15th 1960

Grass

lake

1-2-26 70

x

White

Male

DES MOINES, IOWA U.S.

Mining

Miner

Neilie Grass

Sarah Kern

Charles Grass

Neilie Grass, Wife, Raytown, Mo.
V.A. Hospital, Kansas City, Mo.

193 12808

IWW

Yes

to be a valid certificate of death, the body must be embalmed.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 458

P. O. Address AT Lexington

November 12, 1960

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

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.

City, Mo. 11-12-60

May 11, 1960

11:00 a.m.

MAY 9 1961