

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001612

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 180

FILED JAN 28 1963

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 Length of stay in lb 38 YEARS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION O.A. BAPTIST MEMORIAL Inside Limits Yes No

d. STREET ADDRESS 418 WEST 69th STREET (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
 HARRY H GROSSMAN JANUARY 10th 1963

5. SEX MALE 6. COLOR OR RACE CAUCASIAN 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH - 9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISTRIBUTION DISPATCHER 10b. KIND OF BUSINESS OR INDUSTRY LIGHT COMPANY 11. BIRTHPLACE (City and state or country) BOSWORTH, MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN H. GROSSMAN 13b. MOTHER'S MAIDEN NAME KATHERINE JENNINGS 14. NAME OF HUSBAND OR WIFE ~~HELEN~~ OLIVE S. GROSSMAN Address 418 WEST 69TH ST. KANSAS CITY, MO.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO 16. SOCIAL SECURITY NO. 19 17. INFORMANT OLIVE S. GROSSMAN

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5.20 P to and last saw her/him alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens 22b. ADDRESS 22c. DATE SIGNED 1-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JAN. 12, 1963 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR 1331 BRUSH CREEK BLVD. D.W. NEWCOMER'S SONS, KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 1-11-63 26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59
 1
 2 3858
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 420.1
 10
 11 142-3
 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

DOCUMENT
 MEDICAL CERTIFICATION
 HUGH H. OWENS

USE BLACK INK OR TYPEWRITER RIBBON

DR. HUGH A. BROWN, M.D. Embalmer
152 ALBION STATION

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 Vern Sewler

Licensed Embalmer No. 4915
P. O. Address K 6 000

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.