

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039240

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 124
~~FILED~~ **OCT 29 1963**

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mt Pleasant Township</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Belton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>328th USAF Hospital Richards-Gebaur AFB, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>213 Brookside Avenue</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN WESLEY GRINDELE</u>			4. DATE OF DEATH Month Day Year <u>October 22, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>21 May 63</u>
9. AGE (last birthday) <u>5</u> Months <u>1</u> Days	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>328th USAF Hospital Richards-Gebaur AFB Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13a. FATHER'S NAME <u>Jerry Lonzo Grindele</u>		13b. MOTHER'S MAIDEN NAME <u>Jerry Gwen Tomlinson</u>
14. NAME OF HUSBAND OR WIFE <u>None</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jerry L. Grindele, 213 Brookside, Belton Mo</u>
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Leukemia, lymphocytic, acute.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Approx 3 Mo</u>
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 <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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"/> 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>25 July 63</u> to <u>22 October 63</u> and last saw him alive on <u>22 October 63</u> Death occurred at <u>1250 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard C. Lavy</u> (Degree or title) <u>RICHARD C. LAVY, CAPT, USAF, M.C.</u>		22b. ADDRESS <u>328th USAF Hospital Richards-Gebaur AFB, Missouri</u>	22c. DATE SIGNED <u>22 Oct 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-23-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laureland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Dallas Texas</u>
24. FUNERAL DIRECTOR <u>E.K. George & Sons, Inc. Belton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10-25-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Sebree</u>

USE BLACK INK OR TYPEWRITER RIBBON

MS-101-116

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 Jimmy S. Dickerson

Licensed Embalmer No. 4092

P. O. Address Beltz, Mo.

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.

ES-ES-67