

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18888

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill	
c. LENGTH OF STAY (in this place) 25-4RS		d. STREET ADDRESS (If rural, give location) N. Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Campbell St		d. STREET ADDRESS (If rural, give location) N. Campbell	

3. NAME OF DECEASED (Type or Print) a. (First) Sally b. (Middle) Ann c. (Last) Grayum			4. DATE OF DEATH (Month) (Day) (Year) June 8 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 7 1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bourbon Co. Ky.		12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Charles Shawhan	13b. MOTHER'S MAIDEN NAME Ann Lail	14. NAME OF HUSBAND/OR WIFE William M. Grayum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elmer Necessary Pleasant Hill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH Years 42 2 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 2 1949** to **June 4 1949**, that I last saw the deceased alive on **June 4 1949**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul A. Wood	23b. ADDRESS Pleasant Hill	23c. DATE SIGNED 6-9-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-49	24c. NAME OF CEMETERY OR CREMATORY Lone Jack Cem.
		24d. LOCATION (City, town, or county) (State) Lone Jack, Mo

DATE REC'D BY LOCAL REG. June 9, 1949	REGISTRAR'S SIGNATURE Laura J. Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Brunsfield Pleasant Hill
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.489
2
0111
no.

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
Student Embalmer

Signed

Glenn A Hill

Licensed Embalmer No. *4586*

P. O. Address

Pleasant Hill, 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 this body is not embalmed, fact should be so stated above.