

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31454

State File No.

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higbee Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higbee Mo</u>		88			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnson</u>			b. (Middle) <u>W</u>		c. (Last) <u>Grapes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 24 1856</u>		9. AGE (In years last birthday) (Month) (Day) (Year) <u>93</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Grapes.</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Scottie Robb</u>				ADDRESS <u>Higbee Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Vavvular Heart effected</u> <u>Cardioto see patient at 3.30 P.M and at 5.30 P.M and he was dying passed at 5.40 P.M.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>42/4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Higbee Randolph Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept 23 1949</u> to <u>Sept 23, 1949</u> , that I last saw the deceased alive on <u>Sept 23, 1949</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. W. W. W. W.</u>				(Degree or title)		23b. ADDRESS <u>Higbee Mo.</u>		23c. DATE SIGNED <u>9/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Log Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-23-49</u>		REGISTRAR'S SIGNATURE <u>J. W. W. W. W.</u>		271		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>		ADDRESS <u>Higbee Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

W. J. Freeman

Licensed Embalmer No. 3978

P. O. Address Glasgow, Ill.

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.