THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1949

State File No. 40060

BIRTH NO. 70054-49 REG. DIST. NO. PRIMARY REG. DIST. NO. 3000 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. C. O. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
d. STREET ADDRESS (If rural, give location) 907 E. Line St.

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Lee c. (Last) GRANDIA
4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 16, 1949
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME Mildred Darlene Grandia
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME M. L. Riemann ADDRESS 907 E. Line, Kirksville, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 or 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 25, 1949, *to* Nov. 28, 1949, *that I last saw the deceased alive on* Nov. 28, 1949, *and that death occurred at* 4:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE William C. Kelly (Degree or title) D.O.
23b. ADDRESS Kirksville, Missouri
23c. DATE SIGNED 11-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-29-49
24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri

DATE REC'D BY LOCAL REG. 11-29-49
REGISTRAR'S SIGNATURE Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Davis Funeral Home, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 6
District Health Officer No.
District File Number 12-49-2c
Date Filed DEC 6 1949

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Signed Clarence M. Billo

Signed ..... Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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