

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9559**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Macon</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Macon</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1031 N. Jackson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1031 N. Jackson St.</b>			
3. NAME OF DECEASED a. (First) <b>Anthony</b> b. (Middle) <b>David</b> c. (Last) <b>Grantges</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 1950</b>	
5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>June 13, 1885</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gasian Ready Wear</b>	
11. BIRTHPLACE (State or foreign country) <b>New Cambria, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>J. P. Grantges</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fulton</b>	
14. NAME OF HUSBAND OR WIFE <b>Eduthe Grantges</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. D. Grantges</b>		ADDRESS <b>Macon Mo</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot Right Temple</b> ANTECEDENT CAUSES <b>Poor Health</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>MACON MACON Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>Shot himself.</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:50 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. B. Stokes, M.D.</b>		23b. ADDRESS <b>Excelsior, Mo.</b>	
(Degree or title) <b>Coroner</b>		23c. DATE SIGNED <b>2-14-1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/16/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/27/50</b>		REGISTRAR'S SIGNATURE <b>Ruth Mcneely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Adolf S. ...</b>		ADDRESS <b>Macon Mo</b>	

RECEIVED 4/6/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. .... 4/50/69  
Date Filed ..... 4/11/50

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon Ga

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.