

Dr. Taylor
FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12187
Registrar's No. 2

BIRTH NO. _____		REG. DIST. NO. 48		PRIMARY REG. DIST. NO. 5173A	
1. PLACE OF DEATH a. COUNTY Callaway <i>Summit</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) Cedar City		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Cedar City		d. STREET ADDRESS (If rural, give location) no street address
d. FULL NAME OF HOSPITAL OR INSTITUTION No Street Address			4. DATE OF DEATH (Month) (Day) (Year) Apr 29 1950		
3. NAME OF DECEASED a. (First) William b. (Middle) E. c. (Last) Granstaff			5. SEX Male 0		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-7-1877		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William J. Granstaff		13b. MOTHER'S MAIDEN NAME Polly Vernon	14. NAME OF HUSBAND OR WIFE Julia Granstaff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Granstaff, Cedar City, Mo		
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 INTERVAL BETWEEN ONSET AND DEATH DUE TO (a) <i>Cerebral hemorrhage</i> DUE TO (b) <i>Hypertension, Cardiovascular changes</i> 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 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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Sept 14, 1950</i> , to <i>March 27, 1950</i> , that I last saw the deceased alive on <i>April 25, 1950</i> , and that death occurred at <i>4:30 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Dean A. Taylor M.D.</i>		(Degree or title)		23b. ADDRESS <i>Jefferson Bldg. Mo</i>	23c. DATE SIGNED <i>5-1-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May-1-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Union Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Holt Summit, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>May 1-1950</i>	REGISTRAR'S SIGNATURE <i>R.P. Davis MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Giam</i>	ADDRESS <i>Jefferson City, Miss</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
140
1

RECEIVED
MAY 5 1960
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Fred P. Stulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

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.