

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14227

BIRTH NO. _____		REG. DIST. NO. 298		PRIMARY REG. DIST. NO. 4448		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lawson</u>		c. LENGTH OF STAY (in this place) township) <u>6.5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u>		0890			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDIA</u>			b. (Middle) <u>GRIZZLE</u>		c. (Last) <u>SHARP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-16-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 9-1858</u>		9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 18 HRS. <u>91</u> <u>5</u> <u>7</u> <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kane Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James A. Grizzle</u>			13b. MOTHER'S MAIDEN NAME <u>Margena Patches</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. D. Crowley</u>			ADDRESS <u>Lawson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis or auricular fibrillation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Senile Arteriosclerosis</u>						<u>18 yrs</u>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4221</u>	
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) <u>Lawson Ray Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>April 14, 1950</u>		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>April 1, 1950</u> , to <u>April 16, 1950</u> , that I last saw the deceased alive on <u>April 14, 1950</u> , and that death occurred at <u>3:45 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Detus E. Bucher M.D.</u>				23b. ADDRESS <u>Lawson Mo.</u>				23c. DATE SIGNED <u>April 17, 1950</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>		24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Ms. Raymond Groves</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Prichard</u>		ADDRESS <u>Lawson, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

890

RECEIVED

MAY 5

District Health Officer No. 8,

District File Number _____

Date Filed 5/5/50

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 Ludell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.