

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24658

State File No.

318

1003

6655

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Fredericktown		1621	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Emma			b. (Middle)		c. (Last) GRISHAM		4. DATE OF DEATH (Month) (Day) (Year) 7-24-1951
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) wid	8. DATE OF BIRTH 12-8-1866		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year, if retired, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hiram, MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Benton Dixon		13b. MOTHER'S MAIDEN NAME Fatima Oliver		14. NAME OF HUSBAND OR WIFE James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME May Ivy		ADDRESS Fredericktown MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Arterio Sclerosis Heart Disease MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERVAL BETWEEN ONSET AND DEATH ? *This does not mean the mode of dying, such as heart failure, asphyxia, etc. In some cases, it may be the condition which caused death. ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Interchouleric Rt. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fr. Removal neck Rt., Fr. Radial wrist and Rt.							
19a. DATE OF OPERATION July 23 51		19b. MAJOR FINDINGS OF OPERATION Interchouleric Fr. Femur Rt. 062				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fredericktown MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 27 1951 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell at home 69030			
22. I hereby certify that I attended the deceased from 7-21 ^{10:30} _{9:50P} to 7-24 , 19 51 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Charles A. Stone M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED July 26 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-28-1951		24c. NAME OF CEMETERY OR CREMATORY Fredericktown		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Kusater		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS Manchester Ave. St. Louis 10, Mo.			

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

13380

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.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.