

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33355

State File No.

FILED NOV 6 1951

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5507 Registrar's No. 540

0420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u>	
c. LENGTH OF STAY (in this place) <u>36 years</u>		d. STREET ADDRESS (If rural, give location) <u>Her home, Ladue, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>GRISSMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Sept. 10, 1863</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u> IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Edwin M. Reavis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. C. Grigsby, Ladue, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Micocytic anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</u>	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4 2. 2. 2</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <input type="checkbox"/> 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 Dec 4, 1946, to Oct 31, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 1 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S-B. Hughes, M.D.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>10/31/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo. Henry Co.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.A. Vaisant, Clinton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov-2-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>			

RECEIVED NOV 5 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 5 - 1951

RECEIVED
NOV 5 1951

NOV 16 1953

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, ~~_____~~

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.