

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34562

State File No.

FILED NOV 6 1952

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 9

0280

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

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boone Township		c. LENGTH OF STAY (In this place) 5 mos.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Boone Township		d. STREET ADDRESS (If rural, give location) Bourbon, MO. R#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bourbon, Mo. R#2		d. STREET ADDRESS (If rural, give location) Bourbon, MO. R#2	
3. NAME OF DECEASED a. (First) Ernest B. (Type or Print)		b. (Middle)	c. (Last) Grissom
4. DATE OF DEATH (Month) (Day) (Year) October 24, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 21, 1901
9. AGE (In years last birthday) Months Days 51 7 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Attendant	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Attendant		10b. KIND OF BUSINESS OR INDUSTRY Gas Station	
11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Grissom		13b. MOTHER'S MAIDEN NAME Ida Mae Warren	14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 487-26-1380	17. INFORMANT'S SIGNATURE OR NAME Ida Grissom
17. INFORMANT'S SIGNATURE OR NAME Ida Grissom		ADDRESS Bourbon, Mo. R#2	
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) Congestive Heart Failure ANTECEDENT CAUSES Chronic myocarditis 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 4222	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10/13, 1952 , to 10/24, 1952 , that I last saw the deceased alive on 10/24, 1952 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE John J. de la Torre		23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 10/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Buffalo
24d. LOCATION (City, town, or county) (State) Sullivan, Mo.			
DATE REC'D BY LOCAL REG. 10/26/52		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]
		ADDRESS [Address]	

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 _____

Licensed Embalmer No. 4520

P. O. Address Fullivan, m

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.