

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41465**
REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **86**

FILED DEC 31 1952

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Rural North twp.	
c. LENGTH OF STAY (In this place) 46 days		d. STREET ADDRESS (If rural, give location) 1 mi. W. of Arcola	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lamar Memorial Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) W.	c. (Last) Grider	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 24, 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 18, 1873	9. AGE (In years) (last birthday) 79	IF UNDER 1 YEAR Month Days Hours Mins. 9 6 - -	IF UNDER 24 HRS. - -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Dade Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William F. Grider	13b. MOTHER'S MAIDEN NAME Frances Vaughn	14. NAME OF HUSBAND OR WIFE Lula Grider
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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 Howard Grider	ADDRESS Arcola Mo.
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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 2nd. & 1952 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pericarditis DUE TO (c) Arterial Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION "491X"	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2/11/52**, to **Dec. 24, 1952**, that I last saw the deceased alive on **Dec. 23, 1952**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jern T. Deibel, M.D. (Degree or title)	23b. ADDRESS Lamar, Mo.	23c. DATE SIGNED 12/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-27-1952	24c. NAME OF CEMETERY OR CREMATORY Vaughn Cemetery	24d. LOCATION (City, town, or county) (State) Dade Co., Missouri
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DATE REC'D BY LOCAL REG. DEC. 27 1952	REGISTRAR'S SIGNATURE Maria Bonas...	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address. *Greenfield, 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.