

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44329**

FILED DEC 23 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gasport	
b. CITY (If outside corporate limits, write RURAL and give township) Gasport Mo		c. CITY (If inside corporate limits, write RURAL and give township) Gasport	
c. LENGTH OF STAY (in this place) 8.7.17.		d. STREET ADDRESS (If rural, give location) 402 Orchard	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 3			

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Ulysses	c. (Last) Grigg	4. DATE OF DEATH (Month) (Day) (Year) Dec 16, 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 13, 1865	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 84 3 13
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10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if unpaid) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Grigg	13b. MOTHER'S MAIDEN NAME Cybell Fisher	14. NAME OF HUSBAND OR WIFE Elda Grigg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 4200	17. INFORMANT'S SIGNATURE OR NAME Doyle Records	ADDRESS Gasport
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerosis heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis		
	DUE TO (c) Arteriosclerosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			1 yr 7

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) (Min.)	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 **Apr 29, 1952** to **Dec 16, 1952**, that I last saw the deceased alive on **Dec 16, 1952**, and that death occurred at **3:32 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W.D. Hunt M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED Dec 16, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-18-1952	24c. NAME OF CEMETERY OR CREMATORY Dudson Cemetery	24d. LOCATION (City, town, or county) (State) Gasport County Mo
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DATE REC'D BY LOCAL REG. 12-18-52	REGISTRAR'S SIGNATURE Anna J. Ferris	25. FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Home	ADDRESS Gasport Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 William B. Cantrell

Licensed Embalmer No. 4830

P. O. Address Carters, 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.