

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25906

State File No. \_\_\_\_\_

FILED AUG 5 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4414</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If different from a. STATE <u>Mo</u> b. COUNTY <u>Platte</u> )			
b. CITY OR TOWN <u>Platte City</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Platte City</u>		d. STREET ADDRESS <u>0830 City - 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Sampson</u> c. (Last) <u>Grisham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 - 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov-18 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Tinner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(Chain)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Platte City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Deceased</u>		13a. FATHER'S NAME <u>David Grisham</u>		13b. MOTHER'S MAIDEN NAME <u>Arnilda Gaines</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Belle Gusham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Walter Wade Platte City Mo</u>			
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) <u>Metastatic carcinoma</u> (primary site undetermined) 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>operative condotomy</u> <u>osteoarthritis - lumbar spine</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>5/25, 1953, to 7/20, 1953</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter M. Wade M.D.</u>				23b. ADDRESS <u>Platte City Mo</u>		23c. DATE SIGNED <u>7/22/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 23-53</u>		REGISTRAR'S SIGNATURE <u>R. Philip Roehms</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland K. Francis</u>		ADDRESS <u>Barkville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, of ~~NY~~

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signature

*Leland H. Francis*

Licensed Embalmer No.

*2451*

P. O. Address

*Parkville, 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.