

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36835**

FILED NOV 12 1953

BIRTH NO. REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5980** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Wishart Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Wishart Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fletcher</b> b. (Middle) <b>Mack</b> c. (Last) <b>Grant</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 30, 1877</b>
9. AGE (In years last birthday) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>
11. BIRTHPLACE (State or foreign country) <b>Greene County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred Web Grant</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Peck</b>	
14. NAME OF HUSBAND OR WIFE <b>Rose Sawley Grant</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose Grant</b>	
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.		19. ADDRESS <b>Rt. 2, Aldrich,</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Prostate Glands</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
ANTECEDENT CAUSES 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>177X</b>	
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 <b>1952</b> , to <b>Nov 2, 1953</b> , that I last saw the deceased alive on <b>Oct 30, 1953</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. P. Bridges</b>		23b. ADDRESS <b>Bolivar, Mo.</b>	
23c. DATE SIGNED <b>11/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov. 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Polk County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov. 4, 1953</b>	REGISTRAR'S SIGNATURE <b>Ralph Gorden</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b>	
		ADDRESS <b>Bolivar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
0. 48

**STATEMENT BY LICENSED EMBALMER**

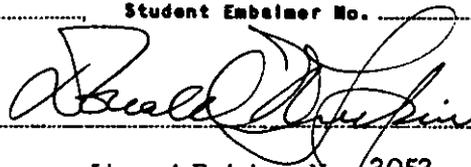
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.