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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12394**
 Registrar's No. **174**

FILED APR 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>174</u>		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 2 Yrs		c. CITY OR TOWN Joplin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				e. STREET ADDRESS (If rural, give location) 2129 Joplin Street				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Albert c. (Last) GRAYSON			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH January 14, 1897		
9. AGE (In years) 57		if UNDER 1 YEAR Months 57		if UNDER 24 HRS. Days		if UNDER 48 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoistman			10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and State or Foreign Country) Newburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Thomas Grayson			13b. MOTHER'S MAIDEN NAME Anna Westlake			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. # 1 513-03-6468		17. INFORMANT'S SIGNATURE OR NAME Anna Grayson 2129 Joplin St				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right lung.					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 YR.	
		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 163 X					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 <u>June 1952, 10</u> , to <u>April 1954</u> , that I last saw the deceased alive on <u>Apr. 17, 1954</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Royd D. Dittie			23b. ADDRESS M.D. 607 Frisco Bldg., Joplin, Mo.			23c. DATE SIGNED 4-20-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/21/54		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.		
DATE REC'D BY LOCAL REG. 4-24-54		REGISTRAR'S SIGNATURE Ed. S. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort		ADDRESS Joplin, Mo.		

APR 26 19

RECEIVED APR 26
Jasper County Health Off
County File Number 54-4-3
Date Filed APR 26 19

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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. 4770
P. O. Address *[Handwritten Address]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.