

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18682

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>2002 Trenton Rd.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-1954</u>		
3. NAME OF DECEASED a. (First) <u>VERNIE</u> b. (Middle) <u>ETHEL</u> c. (Last) <u>WILFORD</u>			5. SEX <u>fe</u> 6. COLOR OR RACE <u>w</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>6-7-1884</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel D. Grinn</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Warner</u>		14. NAME OF HUSBAND OR WIFE <u>W.M. Wilford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.M. Wilford Trenton 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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbidity 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 <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May 10th, 1954</u> , to <u>May 25th, 1954</u> that I last saw the deceased alive on <u>May 25th, 1954</u> , and that death occurred at <u>8:22 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Oliver F. Duffy MD</u>			23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>May 26, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Evans Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Spickard MO</u>		24e. REGISTRAR'S SIGNATURE <u>Gene J. Fair</u>		24f. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne & Son Galt Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-27-54</u>		25. FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne & Son Galt Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAR 16 1961

JUN 2 1961

JUN 2 1961

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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.