

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

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FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22433

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>OSARK # CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OSARK Rural, Sunday Tp.</u>		c. LENGTH OF STAY (If this place) c. CITY OR TOWN <u>HAMMOND</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN REST HOME</u>		STREET ADDRESS (If rural, give location) <u>0 770</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONA</u> b. (Middle) <u>B.</u> c. (Last) <u>GRUDIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 15 54</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>9 24 96</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>57 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SQUIRES, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J. W. GRUDIER</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA CONNER</u>	14. NAME OF HUSBAND OR WIFE
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DORA HERIFORD #</u>	ADDRESS <u>HAMMOND, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis + Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suspected Ca. of bowel</u>		
	DUE TO (c) <u>Cause unknown</u>		
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>153 X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1954, to 7/15, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred 10: A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vernon P. McCormick</u>	(Degree or title)	23b. ADDRESS <u>Ozark Mo</u>	23c. DATE SIGNED <u>7/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7 18 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ISLAND</u>	24d. LOCATION (City, town, or county) (State) <u>THORNHILL, MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 26 1954</u>	REGISTRAR'S SIGNATURE <u>Lilla Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PLINKINGBEARD</u>	ADDRESS <u>FUNERAL HOME: AVA MO.</u>
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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.....  
Signature of Student Embalmer

Signed *Lyle G. Hinkley*.....

Licensed Embalmer No....4830

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