FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27983

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 401

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 6 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granby
d. STREET ADDRESS (If rural, give location): 0130 1

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Priamore

4. DATE OF DEATH (Month) (Day) (Year): 7-29-54

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 6
8. DATE OF BIRTH: May 11-1887
9. AGE (In years last birthday): 67
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe owner and
10b. KIND OF BUSINESS OR INDUSTRY: operator
11. BIRTHPLACE (State or foreign country): Granby, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Johny Beaver
13b. MOTHER'S MAIDEN NAME: Lute Moreland
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates if known)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Merle Breedlove
ADDRESS: Granby Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, multiple. — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive failure, chronic. — 1 year

DUE TO (c) Hypertensive cardiovascular renal disease.

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: No operation.
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 19 54, *to* 7-29, 19 54, *that I last saw the deceased alive on* 7-29, 19 54, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lawrence S. Jackson, M.D.
23b. ADDRESS: 410 Jackson, Joplin, Missouri
23c. DATE SIGNED: 8-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-31-54
24c. NAME OF CEMETERY OR CREMATORY: Granby Memorial
24d. LOCATION (City, town, or county) (State): Granby, Missouri

DATE REC'D BY LOCAL REG.: 8-20-54
REGISTRAR'S SIGNATURE: Ted Dazzer / 138 By Rolinda Lamkins
25. FUNERAL DIRECTOR'S SIGNATURE: Culver Shewmake Funeral Home
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 30 19
Jasper County Health Offi
County File Number 54-8-7
Date Filed AUG 30 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 .....
Student Embalmer

Signed F. E. Shewmaker

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, Mo

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

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