

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29774

State File No.

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Fairfield</u>		c. CITY OR TOWN <u>Fairfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>Victoria</u> c. (Last) <u>GRACE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 24, 1869</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>12</u>	
10a. 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>John H. Alexander</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Albert J. Grace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert J. Grace</u> ADDRESS <u>Fairfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>	
		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 <u>Pulmonary Tuberculosis</u> Conditions contributing to the death but not related to the disease or condition causing death.		<u>500 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 2 Oct., 1954, to 6 Oct., 1954, that I last saw the deceased alive on 2 Oct., 1954, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>David N. Glenn MD</u> (Degree or title)		23b. ADDRESS <u>Warsaw, Mo</u>		23c. DATE SIGNED <u>8 Oct. 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 10, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Green</u> ADDRESS <u>Warsaw, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 8/1954</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u> 23-0			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
John F. Reese

Licensed Embalmer No. *400*

P. O. Address *Warsaw*

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.