No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30423

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545 Registrar's No. 21

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

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Charlton Twnsp
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9 mi S. of Glasgow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Charlton Twnsp
d. STREET ADDRESS (If rural, give location) 9 mi S. of Glasgow 045

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) c. (Last) Grisham

4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 16, 1866
9. AGE (In years last birthday) 88 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Grisham
13b. MOTHER'S MAIDEN NAME Cynthia Dennis
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Miss Martha Grisham ADDRESS Glasgow 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) Hydro-Static Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Broken Hip — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF 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) 045 (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 June, 1944, to Sept., 1954, that I last saw the deceased alive on 9:30 AM, 1954, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE James E. Hombs (Degree or title) Do.
23b. ADDRESS Glasgow Mo
23c. DATE SIGNED 9-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 25, 1954
24c. NAME OF CEMETERY OR CREMATORY Richland
24d. LOCATION (City, town, or county) (State) near Glasgow Mo.

DATE REC'D BY LOCAL REG. 9-23-54
REGISTRAR'S SIGNATURE Walker Audsley 410
25. FUNERAL DIRECTOR'S SIGNATURE Audsley Fairmont ADDRESS Glasgow, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo.

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

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