

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32942

State File No.

FILED OCT 19 1954

2051

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 83

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> | | c. LENGTH OF STAY (in this place) <u>3 Years</u> | d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 2nd St.</u> | | e. STREET ADDRESS (If rural, give location) <u>607 2nd Street 005/0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> | | b. (Middle) <u>LOUISE</u> | |
| | | c. (Last) <u>GRUBB</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 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>May 26, 1884</u> |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </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>same</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald County Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Billie Blackmore</u> | |
| | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Read</u> | |
| | | 14. NAME OF HUSBAND OR WIFE <u>Henry A. Grubb</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry A. Grubb Monett, 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>Sarcoma, left femur, Type indeterminate</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</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 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>196x</u> | |
| 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 checked="" 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>3-1, 1954, to 10-12, 1954</u> , that I last saw the deceased alive on <u>10-12, 1954</u> and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>F. J. Edwards M.D.</u> | | 23b. ADDRESS <u>Monett Mo.</u> | |
| 23c. DATE SIGNED <u>10-12-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/14/54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Spring River</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-14-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. P. D. Cook Deputy</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Buchanan</u> | | ADDRESS <u>Monett Mo.</u> | |

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1054-117

DATE REC. 10-18-54

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett

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.