

FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8602

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 30.31		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. LENGTH OF STAY (In this place) 6 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		05023		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 700 So. Third St.				d. STREET ADDRESS (If rural, give location) 700 So. Third St.				
3. NAME OF DECEASED (Type or Print) a. (First) Amanda			b. (Middle) Eugenia		c. (Last) Gratiot		4. DATE OF DEATH (Month) (Day) (Year) 3/13/55	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 25, 1860		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Edward Curtis			13b. MOTHER'S MAIDEN NAME Rebecca Wilson		14. NAME OF HUSBAND OR WIFE John Gratiot			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lee Asplin DeSoto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Virus)						INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility							
	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 492X						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) m.		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 March 1, 1955, to March 12, 1955, that I last saw the deceased alive on March 12, 1955, and that death occurred at 8:00 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Chas. E. Owen, D.D.				23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 3/14/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/15/55	24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) De Soto, Mo.			
DATE REC'D BY LOCAL REG. 3-21-55		REGISTRAR'S SIGNATURE Marie Garber		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS DeSoto, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 28 1955

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address DeSoto, Mo.

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

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