

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10757

State File No. ....

FILED MAR 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6148 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ELK CREEK</u>	c. LENGTH OF STAY (In this place) <u>76 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ELK CREEK, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>LILBURN</u> c. (Last) <u>GRISHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 4, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-29-1878</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 11 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ELK CREEK, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>AUSTIN GRISHAM</u>	13b. MOTHER'S MAIDEN NAME <u>NAH</u>	14. NAME OF HUSBAND OR WIFE <u>LOLA GRISHAM</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>LOLA GRISHAM, ELK CREEK</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident (Hemorrhage) severe</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>Degenerative Heart disease grade III</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/10/1952 to 3/3/1955, that I last saw the deceased alive on 3/3/1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Sumner, M.D.</u> (Degree or title)	23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>3/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STEELEY CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>TEXAS CO., MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-6-55</u>	REGISTRAR'S SIGNATURE <u>Hayneel Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott - Gentry</u>	ADDRESS <u>Calool</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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 .....  
Student Embalmer

Signed

*James L. Kenty*

Licensed Embalmer No. *47181*

P. O. Address *Calool, Mo.*

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