

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

96

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4021 Registrar's No. 4

2040

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laddonia Mo.</u>		c. CITY OR TOWN <u>Laddonia, Mo.</u>	d. Is 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>Laddonia, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u>	b. (Middle)	c. (Last) <u>Graince</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 20, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</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>Retired mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Graince</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Eva Graince</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Orville Graince</u> <u>Mexico, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest with jury. Deceased came to his death by hanging by his own hand in Laddonia, Mo., at his home. Body was found dead by David Scrugge on 1-7-56.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>56.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>No note left by deceased that was found.</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laddonia Audrain Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 7 56 8a m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hanging with rope</u>

22. I hereby certify that I attended the deceased from Inquest, Mexico, Mo., 1956, that I last saw the deceased alive on died, 1956, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. C. Adams M.D. Coroner</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>1/7/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Laddonia Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur Bierhoff Laddonia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 9, 1956</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>	

FEB 9 1956

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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 *Clyde W. [Signature]*

Licensed Embalmer No. *382*

P. O. Address *Perry*

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.