

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3562**

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

BIRTH NO. _____		REG. DIST. NO. <b>381</b>		PRIMARY REG. DIST. NO. <b>4515</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Milan</b>		c. LENGTH OF STAY (In this place township) <b>4 days</b>		c. CITY OR TOWN <b>Harris</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Co. Memorial</b>				e. STREET ADDRESS (If rural, give location) <b>86 501</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Grace</b>		b. (Middle) <b>Marie</b>		c. (Last) <b>Michael</b>	
4. DATE OF DEATH		(Month) <b>Jan.</b>		(Day) <b>12</b>		(Year) <b>1956</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 24, 1911</b>	
9. AGE (In years last birthday) <b>44</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co. Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Clyde Raines</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Wishner</b>		14. NAME OF HUSBAND OR WIFE <b>Bill Michael Jr.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Bill Michael Jr. Harris, Mo.</b> ADDRESS _____			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Protracted pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic myocarditis</b> <b>bronchial asthma</b>  DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>29 hrs</b> <b>10 yrs</b> <b>10 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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 <b>1/11 1956</b> to <b>1/12 1956</b> , that I last saw the deceased alive on <b>1/12 1956</b> , and that death occurred <b>6:30 P. M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Bill Michael Jr.</b> (Degree or title) _____				23b. ADDRESS <b>Harris, Mo.</b>		23c. DATE SIGNED <b>1/13/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-15-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harris Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-20-56</b>		REGISTRAR'S SIGNATURE <b>Mrs. M. W. Beckett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jean Martin</b> ADDRESS <b>Martin Funeral Home Princeton, Mo.</b>			

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..... *Leon Martin*.....

Licensed Embalmer No. *3260*

P. O. Address *Princeton*

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.