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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 19824

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Cape Girardeau</b>	c. LENGTH OF STAY (In this place) <b>7 days</b>	c. CITY OR TOWN <b>Rural Cape Gir. Two</b>	d. Is Residence within limits of a city or incorporated town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cape Ostopathic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Cape Girardeau R. R. 1</b>	

3. NAME OF DECEASED (Type or Print) <b>MAMIE</b>	a. (First)	b. (Middle) <b>E.</b>	c. (Last) <b>GRISHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>November 18, 1877</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b>9</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Zalma, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Benjamin Henley</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Wills</b>	14. NAME OF HUSBAND OR WIFE <b>John I. Grisham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. William Leming</b>	ADDRESS <b>Cape Gir., Mo. R. 1</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial Asthma</b> DUE TO (c) <b>Senility</b>		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obstipation (due to intestinal adhesions) causing nutritional</b>		<b>10 years</b>	<b>30 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>anemia</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1944** to **June 15, 1956**, that I last saw the deceased alive on **June 15, 1956**, and that death occurred at **7:05A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. Marguerite Fuller D.O.</b>	23b. ADDRESS <b>238 N. Pacific St. Cape Girardeau, Missouri</b>	23c. DATE SIGNED <b>6-16-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Christian Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-20-56</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Summer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walther's Funeral Home</b>	ADDRESS <b>Cape Gir., Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4-0

JUN 27 1958

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 *Virgil H. Welch*

Licensed Embalmer No. *412*

P. O. Address *Cape Girardeau*

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.