

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20355**

FILED JUL 16 1956 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (in this place) 13 yrs		d. STREET ADDRESS (If rural, give location) 401 MYRTLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			

3. NAME OF DECEASED (Type or Print) a. (First) PEARL b. (Middle) MURAY c. (Last) GRAIG			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1956		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH MAR 25, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grand Junction, Tenn		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME James GRAIG		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Foster, W. Plains, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES with decompensation		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteritis, bth. Generalized		
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 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **31 Dec 1955** to **2 July 1956**, that I last saw the deceased alive on **2 July 1956**, and that death occurred at **1:30 pm.**, from the **cause** and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 5 July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-5-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24d. LOCATION (City, town, or county) (State) WEST PLAINS, Mo.
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DATE REC'D BY LOCAL REG. 7-12-56	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson	ADDRESS W. Plains, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

9561 6 I 7007

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

Hal Rosenberg

Licensed Embalmer No. 3408

P. O. Address *W. Plains, N.J.*

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.