

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26584

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 709-C

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Republic Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Republic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hosp</u> Length of stay in 1b <u>1 Day</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>Milford</u> Last <u>Grisham</u>			4. DATE OF DEATH <u>8-1-1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-6-1933</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>F.V. Technician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Turners Inc.</u>	9. AGE (In years last birthday) <u>23</u>
11. BIRTHPLACE (City and state or country) <u>Springfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Chyde A. Grisham</u>		14. MOTHER'S MAIDEN NAME <u>Tessie Evans</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>unk</u>		16. SOCIAL SECURITY NO. <u>500-34-0374</u>	
17. INFORMANT <u>Gladene Grisham</u> Address <u>Republic, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull - temporal region</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto accident</u>	
20c. TIME OF INJURY <u>7</u> Hour <u>8-1-56</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 166</u>	
20f. CITY, TOWN, OR LOCATION <u>Republic</u>		20g. COUNTY <u>Greene</u> STATE <u>Mo.</u>	
21. Intended the deceased from _____ and last saw her alive on _____ Death occurred at <u>10:45</u> <u>12 m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. E. Sped, Coroner</u> (Degree or title)		22b. ADDRESS <u>Greene County</u>	
22c. DATE SIGNED <u>8/6/56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-3-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wade Cemetery</u>		23d. LOCATION (City, town, or county) <u>Republic Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>Centrell Fossatt</u> ADDRESS <u>Republic</u>		25. DATE RECD. BY LOCAL REG. <u>8-14-56</u>	
		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

AUG 20 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 *William D. Cantrell*.....

Licensed Embalmer No. *482*

P. O. Address *Republic*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.