

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27498

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. CITY OR TOWN <u>Marionville</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Methodist Home for the Aged</u>		e. STREET ADDRESS (If rural, give location) <u>Methodist Home</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elsie</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>Grissom</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 1, 1872</u>	9. AGE (in years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u> </u> Mins. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Spencer Meade</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Yeager</u>	14. NAME OF HUSBAND OR WIFE <u>John Grissom</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. F. Loper, Shelbyville, Ind.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>year.</u>
	I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a)	<u>Jeuneur Heart Valve</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
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 <u>331x</u>	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 April 30, 1956, to Sept 2, 1956, that I last saw the deceased alive on April 30, 1956, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Koylts</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marion, Mo.</u>	23c. DATE SIGNED <u>9-3-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-5-56</u>	REGISTRAR'S SIGNATURE <u>Ora Me Nath</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Burridge</u>	ADDRESS <u>Marionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A. Fulkes*.....

Licensed Embalmer No. *4658*.....

P. O. Address *Masonville*.....

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.