

5. No. 300  
V. 10.48

FILED AUG 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27934

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2856 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Moberly Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>R. F. D. Higbee</u>	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 <u>McCormick Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Howard Co.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph. H. Grapes.</u> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 3 1869</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>William Grapes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Grapes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Grapes, R. F. D. Higbee</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Advanced Arteriosclerosis</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 _____	
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) <u>4434</u>	
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 <u>7-28</u> , 19 <u>56</u> to <u>8-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-2</u> , 19 <u>56</u> , and that death occurred at <u>10:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Per Y. Brodinson, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Idigme Mo</u>	
23c. DATE SIGNED <u>8-3-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 4 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	
24d. LOCATION (City, town, or county) (State) <u>Howard County Mo</u>		DATE RECD BY LOCAL REG. <u>8/4/56</u>	
REGISTRAR'S SIGNATURE <u>Leah Bloune</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home Higbee Mo</u> ADDRESS _____	

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

269

---

---

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

*E. H. Friemuth*

Licensed Embalmer No. 3978

P. O. Address Glasgow,

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.