. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37451

State File No.

FILED DEC 13 1956

BIRTH NO. REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steelville
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steelville
d. STREET ADDRESS (If rural, give location) 0 2 8 0

3. NAME OF DECEASED (Type or Print)
a. (First) Orville b. (Middle) Stanton c. (Last) Grayson

4. DATE OF DEATH (Month) (Day) (Year) 12 - 4 - 56

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-22-56

9. AGE (In years last birthday) 60 — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Steelville Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Grayson

13b. MOTHER'S MAIDEN NAME Sarah Burke

14. NAME OF HUSBAND OR WIFE Alta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-05-2086

17. INFORMANT'S SIGNATURE OR NAME Mrs. Orville Grayson **ADDRESS** Steelville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) 420.0

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1956 *to* Dec 4, 1956 *that I last saw the deceased alive on* Dec 2, 1956, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Steelville Mo.

23c. DATE SIGNED 12-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-6-56

24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery

24d. LOCATION (City, town, or county) Steelville (State) Mo.

DATE REC'D BY LOCAL REG. 12/10/56

REGISTRAR'S SIGNATURE Mrs. Hazel Richins

25. FUNERAL DIRECTOR'S SIGNATURE Harry M. Jonas **ADDRESS** Steelville

(Licensed Embalmer's Statement on Reverse Side)

505
0

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 _____

Licensed Embalmer No. 2628

P. O. Address Steelville

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 this body is not embalmed, fact should be so stated above.