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

FILED NOV 21 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39020

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 154

**1. PLACE OF DEATH**
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
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): Pike Co. Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Curryville
d. STREET ADDRESS (If rural, give location): 0820

**3. NAME OF DECEASED** (Type or Print)
a. (First): Calvin
b. (Middle): —
c. (Last): Gramley

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 3 1956

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** Sept 14 1879
**9. AGE** (In years last birthday): 77 — If under 1 year: Months: 19 Days: — If under 24 hrs.: Hours: — Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY:** —
**11. BIRTHPLACE** (State or foreign country): Pike Co. Mo
**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME:** Jerry Gramley
**13b. MOTHER'S MAIDEN NAME:** Susan Gutshop
**14. NAME OF HUSBAND OR WIFE:** Ethel Gramley

**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.:** none
**17. INFORMANT'S SIGNATURE OR NAME:** A. Gramley
**ADDRESS:** Bowling Green Mo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

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

~~DUE TO~~ (b) Coronary Artery Sclerosis — 1 yr

DUE TO (c) Arteriosclerosis Hypertension

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiovascular Dis — 5 yrs +

**19a. DATE OF OPERATION:** —
**19b. MAJOR FINDINGS OF OPERATION:** —
4201
**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* 2-18, 1955, *to* 11-3, 1956, *that I last saw the deceased alive on* 11-2, 1956 *and that death occurred at* 7:20 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Thos H. Lewellen M.D.
**23b. ADDRESS:** Louisiana Mo
**23c. DATE SIGNED:** 11-7-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** Nov. 5 1956
**24c. NAME OF CEMETERY OR CREMATORY:** Curryville
**24d. LOCATION** (City, town, or county) (State): Curryville Mo

DATE REC'D BY LOCAL REG.: Nov 7 1956
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Bankhead
ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

74-0

## 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 Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

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