

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9122

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 29

Health,  
& Welfare  
Public  
Service

300  
1-56

All  
symptoms will be listed. All  
diseases in Part I must be  
casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

474

3

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webb City Mo.</b>		0492 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hosp.</b>		Length of stay in lb <b>D.O.A.</b>		d. STREET (If outside, give location) ADDRESS <b>732 S. Walker St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Norman Leon Grissom</b>			4. DATE OF DEATH Month Day Year <b>March 10, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 2, 1946</b>	9. AGE (In years last birthday) <b>10</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Webb City, Mo</b>	
13. FATHER'S NAME <b>Everitt Grissom</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Kent</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Margaret Grissom Webb City Mo</b>	
18. CAUSE OF DEATH [Enter only one cause <i>or</i> line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Benzene Poisoning</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>46</b>					INTERVAL BETWEEN ONSET AND DEATH <b>about 1 hour</b> <b>8819</b>
20a. ACCIDENT <input 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.) <b>This child was in home cloud when benzene cleaning fluid was being used - child on car bear-garaged. Mother also reported but missed.</b>		
20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION <b>049</b>			COUNTY STATE		
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Walter H. Red Corner Jasper County, Mich Nat'l Bldg. Joplin</b>			22b. ADDRESS		22c. DATE SIGNED <b>3/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-16/1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oronogo, Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Oronogo, Missouri</b>		23e. (State)			
24. FUNERAL DIRECTOR ADDRESS <b>Johnston-Arnce-Simpson Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>3-14-1957</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 57-3-217

Date Filed MAR 18 1957

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 *Henry E. Bruce*

Licensed Embalmer No. 4463

P. O. Address West City

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.