

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14334**

FILED APR 18 1957

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6032** Registrar's No. **436**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before institution). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give town) Gatewood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Gatewood, Mo.	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) Rt. #1 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Eliza	b. (Middle) Jane	c. (Last) Grace	(Month) 3	(Day) 29	(Year) 1957

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-21-1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Ripley County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jasper Smelser	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Thomas Grace (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Troy Grace (son)	ADDRESS Gatewood, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Debility of Aged		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Debility of Aged		
	DUE TO (c) Aged		
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? 0 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 Doughan Ripley Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 signed the deceased from **3-1-57**, to **3-29-57**, that I last saw the deceased alive on **3-1-57**, and that death occurred at **4:30 pm**, from the causes and on the date stated above.

23a. SIGNATURE Troy Grace (Degree or title)	23b. ADDRESS Doughan Mo 3-57	23c. DATE SIGNED
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24a. BURIAL CREMATION, REMOVAL, ETC. Burial	24b. DATE 3-31-1957	24c. NAME OF CEMETERY OR CREMATORY Tucker Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Missouri
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DATE REC'D BY LOCAL REG. 4-4-57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE M.C. McNeill	ADDRESS Pocahontas, Ark.
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(Licensed Embalmer's Statement on Reverse Side)

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

2770

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 *Herman R. Dyreus*

Licensed Embalmer No. *965*

P. O. Address *Pocatonton Ark*

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.