

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **29100**

FILED SEP 6 1957

Registration District No. **305** Primary Registration District No. **4852** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Old Highway 40		Length of stay in lb 30 years		d. STREET ADDRESS (If outside, give location) Old Highway 40	
3. NAME OF DECEASED (Type or print) First George Middle Jackson Last Grady			4. DATE OF DEATH Month August Day 29 Year 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 10, 1903	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter- Red Cap		10b. KIND OF BUSINESS OR INDUSTRY Lambert Field Airlines.		11. BIRTHPLACE (City and state or country) Foristell, Mo.	
13. FATHER'S NAME James Grady			14. MOTHER'S MAIDEN NAME Carrie Lockett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-09-3406		17. INFORMANT Address Claudia Grady Wentzville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) CORONARY THROMBOSIS 4200 DUE TO (c) ARTERIO SCLEROTIC HEART DISEASE					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (r) LEFT VENTRICULAR HYPERTROPHY					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from AUG. 17, 1957 to AUG 29, 1957 and last saw him him alive on AUG 24, 1957 Death occurred at 8:30 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Warren B. Hamilton, D.O.			22b. ADDRESS 2 WENTZVILLE, MO.		22c. DATE SIGNED 8/31/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 2, 1957		23c. NAME OF CEMETERY OR CREMATORY Grant Chapel Cemetery	
				23d. LOCATION (City, town, or county) (State) Wentzville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Marie Muschany Wentzville			25. DATE RECD. BY LOCAL REG. Sept 3 1957		26. REGISTRAR'S SIGNATURE Marie F. PH

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 "USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE"

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1957

MAR 6 1959

SEP 19 1957

SEP 17 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 *Harold O. Kessler*

Licensed Embalmer No. *4*

P. O. Address *Wentz*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.