ept. Health,
c., & Welfare
S. Public
lth Service

V. S. 300
ev. 1-57

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36719
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Tippett Last: Grannan

4. DATE OF DEATH Month October Day 29 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 4, 1897
9. AGE (In years on last birthday) 60
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Material Inspector No.1
10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept
11. BIRTHPLACE (City and state or country) Montgomery City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Grannan
13b. MOTHER'S MAIDEN NAME Martha Tippett
14. NAME OF HUSBAND OR WIFE Vera Grannan

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. 489-20-2211
17. INFORMANT Mrs. Vera Grannan Montgomery City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary embolus — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
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)
Diabetes mellitus, moderate generalized arteriosclerosis H201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 July 23, 1955, to October 28, 1957 and last saw him alive on October 28, 1957
Death occurred at 11:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. H. Thompson DO (Degree or title)
22b. ADDRESS New Florence Mo.
22c. DATE SIGNED Oct 31, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 31, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri

24. FUNERAL DIRECTOR Schlanker Funeral Home
ADDRESS Montgomery City
25. DATE RECD. BY LOCAL REG. 11-5-1957
26. REGISTRAR'S SIGNATURE Laura B. Calloway

(Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 15 1957

NOV 20 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 ..... Signed E Boone Schlankel

Signature of Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomery 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.