

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41125  
STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence 810 Fulton</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>810 Fulton</u>
3. NAME OF DECEASED (Type or print) First <u>FREDERICK</u> Middle <u>EUGENE</u> Last <u>GRANT</u>			4. DATE OF DEATH Month <u>November</u> Day <u>6</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 19, 1902</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Renfro Moters</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>Frederick Eugene Grant</u>			14. MOTHER'S MAIDEN NAME <u>Maxwell</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>481 14 5673</u>	17. INFORMANT Address <u>Mrs. Lois Grant Hannibal Missouri</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
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)					19. WAS AUTOPSY PERFORMED? 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 _____ 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 <u>2 Nov 1957</u> to <u>6 Nov 1957</u> and last saw her/him alive on <u>5 Nov 1957</u> Death occurred at <u>2:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Walter Hamilton M.D.</u>			22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED <u>11/8/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/8/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
24. FUNERAL DIRECTOR <u>Walter Hamilton</u>		ADDRESS <u>Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-57</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke M.D. Fisher</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
1590

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED NOV 15 1957  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 15 1957

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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 *H Crawford Smith*.....

Licensed Embalmer No...3814..

P. O. Address..... Hannibal, Mo.

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.