

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

99111-57

STATE FILE NUMBER

2062

FILED JAN 30 1958

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 3

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. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Wyatt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Wyatt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3			Length of stay in lb 1 mo.		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Kaiser Middle Roy Last Grisson				4. DATE OF DEATH Month Jan. Day 20 Year 1958					
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 18, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 1 Days 2 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Wyatt, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unk.				14. MOTHER'S MAIDEN NAME Marjorie Grisson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) 			16. SOCIAL SECURITY NO. 		17. INFORMANT Address Mrs. Willie Grisson, Wyatt, Missouri				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes 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) INTERVAL BETWEEN ONSET AND DEATH									
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.) 7954							
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 After death as Coroner and last saw ^{her} him alive on _____ Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Elgin Mademible Coroner				22b. ADDRESS 3 Charleston, Mo.		22c. DATE SIGNED 1/21/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		Jan. 21, 1958		Oak Grove Cemetery		Charleston, Missouri			
24. FUNERAL DIRECTOR L. R. Sparks			ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 1-23-58		26. REGISTRAR'S SIGNATURE Dorothy A. Hathorn		

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Miss. Co. Health

County File No. _____

Date Filed 1/28/

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.. This body was not embalmed.

Student _____
Signature of Student Embalmer

Signed Edward A. Ruffin

Licensed Embalmer No.50.
2501 Po
P. O. AddressGairo,...

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.