

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017576

STATE FILE NUMBER

FILED JUN 12 1958

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 17

300
1-57

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ozark Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Billings 0220 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Jail		Length of stay in lb 14 hours	
d. STREET ADDRESS no street address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GRANT NORMAN DIDION			4. DATE OF DEATH Month Day Year May 25, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1923
9. AGE (In years last birthday) 34		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farmers Exchange Billings, Missouri	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Martin Didion	
13b. MOTHER'S MAIDEN NAME Ethel Armstrong		14. NAME OF HUSBAND OR WIFE none	
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. 497240137	17. INFORMANT Mrs. Della George, Monett, Missouri Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hanging DUE TO (c) 974X			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased looped an Electrical Light Cord around bars in jail, drew head into same and dropped his weight on Cord.	
20c. TIME OF INJURY 5:00 ? Hour Month, Day, Year 5/25/58 p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Jail	
20f. CITY, TOWN, OR LOCATION Ozark		COUNTY STATE Christian Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at Approx. 5:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dean Harris</i>		22b. ADDRESS Christian Co. Clever, Missouri	
22c. DATE SIGNED 5/28/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/28/1958	
23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Billings, Missouri	
24. FUNERAL DIRECTOR <i>Dean Harris</i>		ADDRESS Clever, Mo.	
25. DATE RECD. BY LOCAL REG. June 9-1958		26. REGISTRAR'S SIGNATURE <i>Louetta Leonard</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9
0

JAN 28 1959

6561 82

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 *J. Sean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Clever, 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.