Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025239

FILED JUL 21 1958 Registration District No. 132 Primary Registration District No. 5479 STATE FILE NUMBER Registrar's No. 112

1. PLACE OF DEATH. a. COUNTY GRUNDY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY

b. CITY OR TOWN TAYLOR twp. Inside Limits Yes ☐ No ☐

c. CITY OR TOWN TRENTON 0402 Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. west of Brimson, Mo. Length of stay in Hospital

d. STREET ADDRESS (If outside, give location) 712 W 12th St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HORATIO Middle ELDER Last GRANT

4. DATE OF DEATH Month JULY Day 4 Year 1958

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH NOV. 4, 1893 9. AGE (In years last birthday) 64 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) MECHANIC 10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE 11. BIRTHPLACE (City and state or country) DUNLAP, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HORATIO W. GRANT 13b. MOTHER'S MAIDEN NAME LUCIENDA BASS 14. NAME OF HUSBAND OR WIFE JESSIE FERN GRANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I 16. SOCIAL SECURITY NO. 495-07-1898 17. INFORMANT ROBERT GRANT Address TRENTON, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Injuries from Automobile Accident

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) Body burned extensively by Automobile fire immediately after Accident

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident on State Highway # 146

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.) Public Highway

20f. CITY, TOWN, OR LOCATION West of Brimson, COUNTY Grundy, STATE Missouri

21. I attended the deceased from xxxx, to July 4, 1958 and last saw him alive on xxxxx. Death occurred at 7:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald N Slater (Degree or title) County Coroner 3

22b. ADDRESS Trenton, Missouri

22c. DATE SIGNED 7-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 9/July/58

23c. NAME OF CEMETERY OR CREMATORY Maple Grove

23d. LOCATION (City, town, or county) (State) TRENTON, Missouri

24. FUNERAL DIRECTOR ADDRESS J.GORDON BLACKMORE TRENTON, MO.

25. DATE RECD. BY LOCAL REG. 7/9/58

26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

The body of HORATIO ELDER GRANT as described on the face of this document, destroyed beyond the possibility of any arterial embalming was treated with 22½% solution of CH_2O and covered with a preserving, disinfectant powder compound and placed in a sealed disaster pouch.

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 Claude H Crendall Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton, Me

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.