

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025240
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 132 Primary Registration District No. 5479 Registrar's No. 111

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN TAYLOR twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN TRENTON 0402
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 712 W. 12th St.	
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE FERN GRANT		4. DATE OF DEATH Month Day Year JULY 4 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 26, 1900
9. AGE (In years last birthday) 58		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) GRUNDY CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILL ATTEBERRY	
13b. MOTHER'S MAIDEN NAME NORA ATTEBERRY		14. NAME OF HUSBAND OR WIFE HORATIO ELDER GRANT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of service) NO		16. SOCIAL SECURITY NO. XXXX-XX-XXXX	17. INFORMANT Address ROBERT GRANT TRENTON, 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) Injuries from Automobile Accident			INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Automobile accident on state Highway #146	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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, Grundy, Missouri	
21. I attended the deceased from XXXXX to July 4, 1958 last seen alive on XXXXX Death occurred at 7:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ronald H Slater</i> (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, Mo.
24. FUNERAL DIRECTOR J. GORDON BLACKMORE ADDRESS TRENTON, MO.		25. DATE RECD. BY LOCAL REG. 7/9/58	26. REGISTRAR'S SIGNATURE <i>J. R. Jaw</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8961 7 1 508

The body of JESSIE FERN GRANT as described on the face of this document, destroyed beyond the possibility of any arterial embalming was treated with 22 $\frac{1}{2}$ % solution of CH₂O and covered with a preserving, disinfectant powder compound and placed in a sealed disaster pouch.

JUL 2 1958

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. Cramdall*

Licensed Embalmer No. *4986*

P. O. Address *Greentown, Md*

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.