

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008258

STATE FILE NUMBER

REC MAR 30 1959

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kawanee		8120 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 118 Houle		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Moline Middle L. Last Grant			4. DATE OF DEATH Month March Day 25 Year 1959		
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 Apr. 24, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days 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 Steel Foundry	11. BIRTHPLACE (City and state or country) La Fayette Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Birdseye Grant		13b. MOTHER'S MAIDEN NAME Anna Moline		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 355-24-3147	17. INFORMANT Address Hazel Grant, 118 Houle, Kawanee, Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					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) 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure					19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 March 15, 1959 to 3-25-1959 and last saw him alive on 3-24-1959 Death occurred at 9:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Richard P. Valuck DO2			22b. ADDRESS Laughlin Hospital, Kirksville Mo		22c. DATE SIGNED 3-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-28-1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen memory		23d. LOCATION (City, town, or county) (State) Kewanee Ill.	
24. FUNERAL DIRECTOR ADDRESS Seifert Funeral Home, Kawanee, Ill.		25. DATE RECD. BY LOCAL REG. Mar. 26, 1959		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-57

RICHARD P. VALUCK DO2
 ALL diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

APR 3 1959

MS FEB 2 0 1959

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 *Robert B. Davis*

Licensed Embalmer No. *4219*
P. O. Address *Kirksville, 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.