

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008476

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 342

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2612 No. 17th St.,		Length of stay in 1b 35 years	d. STREET ADDRESS (If outside, give location) 2612 No. 17th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROSA First LEE Middle GRABLE Last			4. DATE OF DEATH April, 5, 1959 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April, 28, 1880	9. AGE (In years last birthday) 78 yrs.	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) Putman Co., Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Garrison Campbell		13b. MOTHER'S MAIDEN NAME Hanna S. Modlin		14. NAME OF HUSBAND OR WIFE Luther S. Grable (deceased)	
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. None	17. INFORMANT Mrs. Lawrence P. Miller, St. Joseph, Mo. Address 1526 4th Ave.,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-vascular Renal Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442-X					INTERVAL BETWEEN ONSET AND DEATH 2 weeks Unk.
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 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 3-15-59 to _____ and last saw her/him alive on 4-5-59 Death occurred at 10:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.H. Pifer, M.D. (Type or title)		22b. ADDRESS 302 Farnon St. Joseph		22c. DATE SIGNED 4-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April, 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Stemay Funeral Home		ADDRESS St. Joseph, Mo.,	25. DATE RECD. BY LOCAL REG. April 7, 1959	26. REGISTRAR'S SIGNATURE Mrs. Claude Woodell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related. Secondary, contributory, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

Dr. L.H. Pifer

(6A5)

(Licensed Embalmer's Statement on Reverse Side)

APR 16 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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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.