

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018390

STATE FILE NUMBER

FILED MAY 20 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 40-59

300
1-57

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson Twnshp		c. CITY OR TOWN Anderson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If outside, give location) 0600 Route # 1	
Length of stay in lb 39 years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle Reno Last Grife			4. DATE OF DEATH Month May Day 11 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 Oct. 29, 1873
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Lincoln, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME Henry Grife	
13b. MOTHER'S MAIDEN NAME Mary Hall		14. NAME OF HUSBAND OR WIFE Myrtle Brigham Grife	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Charley Grife, Raytown, 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) Heart renal shut down DUE TO (b) Arteriosclerosis DUE TO (c) / PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chorea of Throat.			INTERVAL BETWEEN ONSET AND DEATH 18 hours
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 5/10/59 to 5/11/59 and last saw him alive on 5/11/59 Death occurred at 12:30 A. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. B. Brad A.C.		22b. ADDRESS Anderson Missouri	
22c. DATE SIGNED 5/12/59.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/12/59	
23c. NAME OF CEMETERY OR CREMATORY Banner Cemetery		23d. LOCATION (City, town, or county) (State) Anderson Rt. 1, Missouri	
24. FUNERAL DIRECTOR Rapp Funeral Home		25. DATE RECD. BY LOCAL REG. May 12, 1959	
26. REGISTRAR'S SIGNATURE Mary G. Bradley			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Carl Rapp*

Licensed Embalmer No. *23458*.....

P. O. Address *Anderson, 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.