

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023829
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 333 Primary Registration District No. C115 Registrar's No. 102

300
-57

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN SIKESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE 1, BOX 16		Length of stay in 1b 12 YRS.	100% STREET ADDRESS (If outside, give location) ROUTE 1 BOX 16
3. NAME OF DECEASED (Type or print) First Middle Last DEBORAH MARION GRANT			4. DATE OF DEATH Month Day Year 5-26-59
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-26-39
9. AGE (In years last birthday) 20		10. FUNDER 1 YEAR Months Days Hours Min. - 0 10	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) SIKESTON, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME JOHNNIE GRANT	
13b. MOTHER'S MAIDEN NAME HATTIE MCCOLLAUGH		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. -	17. INFORMANT JOHNNIE GRANT, SIKESTON, MO. 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) Probable birth injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Long, difficult labor DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7610			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 <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 <u>First call</u> to <u>after death</u> when he was <u>not</u> alive on Death occurred at <u>about 3:45 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Thelma C. Buckthorpe M.D. - Health Officer</u>		(Degree or title) <u>5</u>	22b. ADDRESS <u>Benton, Mo</u>
22c. DATE SIGNED <u>6-2-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET</u>	23d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO.</u>
24. FUNERAL DIRECTOR <u>ALVIN DOTSON, SIKESTON, MO.</u>		25. DATE RECP. BY LOCAL REG. <u>6-3-59</u>	26. REGISTRAR'S SIGNATURE <u>Miss [Signature]</u>

(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.

This body was not embalmed

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

Licensed Embalmer No.

P. O. Address

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.