URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 1 5
STATE FILE NUMBER

FILED VS JAN 11 1960

Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 1

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clarkton — Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: In Clarkton — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Clarkton — Inside Limits: Yes # ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: BUFORD Middle: EVANS Last: GRANT
4. DATE OF DEATH: Month 12 Day 30 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 12-4-1883
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Hattie Grant (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Denver Grant Address: Clarkton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Sen arteria sclerosis — 15 yr
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-1-57, to 12-30-59 and last saw him alive on 12-15-59
Death occurred at 5:00 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] Hopkins M.D. (Degree or title)
22b. ADDRESS: Kennett Mo.
22c. DATE SIGNED: 12-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-1-1960
23c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery
23d. LOCATION (City, town, or county) (State): Clarkton Mo.

24. FUNERAL DIRECTOR: Lloyd Russell Piggott Ark. ADDRESS
25. DATE RECD. BY LOCAL REG.: 1-8-60
26. REGISTRAR'S SIGNATURE: J. W. Schaumann

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-

P. O. Address Piggott, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.