

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-000456
State File No.

FILED VS JAN 2 S 1960

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 34		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff, Mo.)		c. LENGTH OF STAY (in this place township) 5 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poynor, Mo., Rt. #1 8030				
d. FULL NAME OF HOSPITAL OR INSTITUTION 90 116 So. B St.				d. STREET ADDRESS (If rural, give location) About 15 mi. so. of Doniphan, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Marvin c. (Last) Grissom			4. DATE OF DEATH (Month) (Day) (Year) 1-6-1960					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH 9-17-1881	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John M. Grissom		13b. MOTHER'S MAIDEN NAME Celia Ann Poynor		14. NAME OF HUSBAND OR WIFE Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ed W. Grissom-Doniphan, Mo.		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS			INTERVAL BETWEEN ONSET AND DEATH 1 YR	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 10-8, 1959 , to 11-20, 1957 , that I last saw the deceased alive on 11-20, 1959 , and that death occurred at 8 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James H. Osburn MD				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 1/15/60		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-8-1960		24c. NAME OF CEMETERY OR CREMATORY Siloam Cemetery		24d. LOCATION (City, town, or county) (State) Randolph County, Ark.		
DATE REC'D BY LOCAL REG. 1/15/60		REGISTRAR'S SIGNATURE R. H. Huebner		25. FUNERAL DIRECTOR'S SIGNATURE A. C. McNeill		ADDRESS Pocahontas, Ark.		

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed M. C. Mc Nabt

Licensed Embalmer No. 680 (Ark.)

P. O. Address Presidents, Ark.

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 this body is not embalmed, fact should be so stated above.