

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041409

STATE FILE NUMBER

INDEXED

FILED 13 DEC 13 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 411

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cole</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		a. STATE <u>Mo</u>		b. COUNTY <u>@ Cole</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>316 Walnut Street</u>		Length of stay in 1b <u>30yrs</u>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <u>316 Walnut Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>316 Walnut Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First <u>Julia</u> Middle <u>None</u> Last <u>Granstaff</u>			Month <u>Nov</u> Day <u>30</u> Year <u>1960</u>			Female	
6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/4/76</u>		9. AGE (last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edwin Deering</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Nichols</u>			14. NAME OF HUSBAND OR WIFE <u>W.E. Granstaff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Lawrence Granstaff, St. Louis, Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Artery Disease due to</u>						<u>few hrs</u>	
DUE TO (b) <u>Arteriosclerosis generaliz</u>						<u>years</u>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Rheum atoid arthritis</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <u>am</u> Month, Day, Year <u>7:00</u>							
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 <u>14 30</u> to <u>Dec/60</u> and last saw her alive on <u>12-2-60</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Heaven A. Taylor M.D.</u>				22b. ADDRESS <u>Jefferson City</u>		22c. DATE SIGNED <u>12-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/3/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>		23d. LOCATION (City, town, county) (State) <u>Jefferson City, Mo</u>	
24. FUNERAL DIRECTOR <u>Thorpe J. Gordon</u>			ADDRESS <u>Jefferson City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7 December 1960</u>	
26. REGISTRAR'S SIGNATURE <u>R.P. Dornier, M.D. - Registrar, Dec</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Gideon M. Hauser

Licensed Embalmer No. 4579

P. O. Address Jefferson Cit

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