

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10596

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Eldorado Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether  
In this community years, months or days) 1 1 1

3. (a) PRINT FULL NAME LLOYD LYNN GRAYSON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March-17-1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
11 23 hr. min.

9. Birthplace Tiffin - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name LLOYD GRAYSON  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name CHARLOTTE BLISS  
15. Birthplace neb  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Grayson  
(b) Address Eldorado Springs, Mo. R.S.

17. (a) Burial (b) Date thereof Mar-11-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARTIN Cemetery

18. (a) Signature of funeral director Swinn-Sider

(b) Address Eldorado Springs Mo

19. (a) Mar. 11-1940 (b) J.W. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar  
(c) City or town Tiffin, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10th  
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 9  
1940 to Mar 10 1940;  
that I last saw her alive on Mar 10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underlies the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 154

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature C.H. Sunderwirth (M.D. or other) DO  
Address El Dorado Spgs, Mo. Date signed 3/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-40-564

Date Filed 4-8-40

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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*W. P. Swann*

Licensed Embalmer No. 2350

P. O. Address *Edwards, 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 this body is not embalmed, above space should be left blank.