

1940 APR 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

48
10825
Do not use this space.

1. PLACE OF DEATH
(a) County Howard, Registration District No. 379 5520
(b) Township Chariton, Primary Registration District No. 4223 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ollie M. Grady,
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF William Grady, (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 9th 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

FATHER 13. NAME Isaac Stanley,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

MOTHER 15. MAIDEN NAME Nannie Taylor,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

17. INFORMANT (ADDRESS) Stanley Grady,
Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, DATE 3-8th 1941,

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley,
Fayette, Mo.

20. FILED 3-12 1941 J. M. Gardner, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 355th 1941 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1941, to 3-5, 1941
I last saw him alive on 1-5, 1941. Death is said to have occurred on the date stated above, at 8:45 m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis
Date of onset 3-5-41

Other contributory causes of importance: Cerebral Hemorrhage 1-22-41

Name of operation home Date of _____
What test confirmed diagnosis? home Was there an autopsy? 1.0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 1.0
If so, specify _____
(Signed) W. Bloom M. D.
Fayette Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-9-41

William, Guy Glasgow no March 8 1941

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 Guy T. Kallum
Licensed Embalmer No. 2966
P. O. Address Jayette, La.

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.

No. 2
4-41
7-39
K26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10825-

Registration District No. 379 Primary Registration District No. 5529 Registrar's No.

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Charleston, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howard
(c) City or town Good, Charleston Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ollie M Grady
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 5
year 1941 hour..... minute..... M.
21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife it
alive..... years

Immediate cause of death..... Duration
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
74 2 26 hr. min.

Major findings:
Of operations.....
Of autopsy.....

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation

11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant (b) Address
(c) Place: burial or cremation

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

18. (a) Signature of funeral director (b) Address
19. (a) 3-8-41 (b) Registrar's signature

23. Signature M. C. Bloom (M. D. or other)
Address Fayette Mo. Date signed

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

SUPPLEMENTARY

1941
S-10825

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.....

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