

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7148

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6178		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reyer		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reyer		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Audrey			b. (Middle) Gladys		c. (Last) Grindstaff		4. DATE OF DEATH (Month) (Day) (Year) 2-25 1949	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1905	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 97 Home		11. BIRTHPLACE (State or foreign country) Unionville - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Draper Franklin			13b. MOTHER'S MAIDEN NAME Maggie		14. NAME OF HUSBAND OR WIFE Arthur Grindstaff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Grindstaff Reyer - Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				ANTECEDENT CAUSES				7 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				unk.
DUE TO (b) Chronic Nephritis				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? YES <input type="checkbox"/> NO <input checked="" 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 2-20, 1949, to 2-25, 1949, that I last saw the deceased alive on 2-20, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Earl Simpson, D.O.				23b. ADDRESS Milton, Mo.		23c. DATE SIGNED 2-26-49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-27-49		24c. NAME OF CEMETERY OR CREMATORY Henry Cem.		24d. LOCATION (City, town, or county) (State) Reyer Sullivan Mo		
DATE REC'D BY LOCAL REG. Feb 26 - 1949		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Dought Delouel		ADDRESS Milton - Mo		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED
District Health Officer
District File Number 3-4
Date Filed MAR 4 - 1949

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 _____

D. Norris Cleeton

Student Embalmer No. 238

working under my personal supervision.

Signed... D. Norris Cleeton
Student Embalmer

Signed Dwight Schauer

Licensed Embalmer No. 2667

P. O. Address Melrose - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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