

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14745**

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 792

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico MO 0</u>	c. LENGTH OF STAY (in this place) township) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrain County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>933 BRECKENRIDGE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Grisby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 15, 1884</u>	9. AGE (In years last birthday) <u>64</u> if UNDER 1 YEAR Months <u>11</u> Days <u>30</u> if UNDER 24 Hrs. Hours <u>17</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD CONDUCTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROADING</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>NOT KNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA GRISBY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>SPANISH AMERICAN 7/4-01-24/6</u>	16. SOCIAL SECURITY NO. <u>714-01-2416</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John B. Machin Sorapico MD</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs</u> <u>10 yrs</u>
	*ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>recurrent arteriosclerosis mild</u>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>321X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from May 20, 1949 to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Kallinbach</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mexico MO</u>	23c. DATE SIGNED <u>May 16 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>MAY 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>HUBBARD MO</u>
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DATE REC'D BY LOCAL REG. <u>May 16-49</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clas Curcio</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 549

Date Filed MAY 23 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed *Clara A. [Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. 3569

P. O. Address *[Handwritten 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.