

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22260

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>3333</u>		PRIMARY REG. DIST. NO. <u>3074-5</u>		Registrar's No. <u>76</u>			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>9 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		d. STREET ADDRESS (If rural, give location) <u>511 Tanner</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u>			b. (Middle) <u>Eugene</u>		c. (Last) <u>Grant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 15 1895</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months <u>20</u> Days <u>23</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Morley, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Grant</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Carpenter</u>			14. NAME OF HUSBAND OR WIFE <u>Erma Grant Sikeston Mo</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'S SIGNATURE OR NAME ADDRESS <u>Mrs Erma Grant 511 Tanner</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarction</u>						<u>6 yrs</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Cerebral Thrombosis</u>						<u>1. 1/2 day</u>	
		DUE TO (c) <u>Hypertension, Essential</u>						<u>6 wks.</u>	
		II. OTHER SIGNIFICANT CONDITIONS						<u>4201</u>	
		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 (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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>28 Apr</u> , 19 <u>49</u> , to <u>May 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 8</u> , 19 <u>49</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. S. Watten M.D.</u> (Degree or title)				23b. ADDRESS <u>Sikeston, MO</u>				23c. DATE SIGNED <u>5-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 10 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau MO</u>			
DATE REC'D BY LOCAL REG. <u>June 8 49</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welded Funeral Home Sikeston MO</u>				

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

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AUG 4 1949

RECEIVED

District Health Office No. 2,

District File Number 649-662

Date Filed 6-10-49

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.

Student
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sekeston 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, fact should be so stated above.