

FILED AUG 31 1949

STANDARD CERTIFICATE OF DEATH

26456

File No. _____

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5299 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural #1 Lafayette</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hemple Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Hemple Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Blaine</u> c. (Last) <u>Grier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20 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>Dec. 18 1883</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Hemple Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Grier</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Karnas</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arthur B. Grier</u>	ADDRESS <u>Hemple, Mo Rt 1</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		<u>3 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>		? ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1701</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)
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?

22. I hereby certify that I attended the deceased from 20 AUG, 1949, to 20 AUG, 1949, that I last saw the deceased alive on 20 AUG, 1949, and that death occurred at 8:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clement P. ...</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>22 Aug 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/23/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Easton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20 - 49</u>	REGISTRAR'S SIGNATURE <u>Emilee Chatham</u>	386	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman ...</u>	ADDRESS <u>1802 Union St. St. Joseph - Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

6461 / 150



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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.