

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Lauderman

State File No. **29273**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 231			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) 213 Hitt St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 Hitt St.				d. STREET ADDRESS (If rural, give location) 213 Hitt St.					
3. NAME OF DECEASED (Type or Print) a. (First) STELLA			b. (Middle) GRIGSBY			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Oct. 18, 1877		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Howard County, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Charles Edward Street		13b. MOTHER'S MAIDEN NAME Ellen Frances Marikey		14. NAME OF HUSBAND OR WIFE Jesse L.B. Grigsby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marshall Grigsby, Columbia, Mo.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, spontaneous, 3 days ANTECEDENT CAUSES non-traumatic Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 9-3, 1949 , to 9-5, 1949 , that I last saw the deceased alive on 9-4, 1949 , and that death occurred at 7:15 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Roland P. Lauderman MD				23b. ADDRESS 16 S. 10th St.		23c. DATE SIGNED 9-6-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri			
DATE REC'D BY LOCAL REG. Sept 7 1949		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia, Mo.				

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

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RECEIVED SEP 13 1949
District Health Officer No. 9,
District File Number-----

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 Tom M Harg-----

Licensed Embalmer No. 4067-----

P. O. Address Columbia 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.