S. No. 300
10.48

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30762

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 413

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN
c. LENGTH OF STAY (in this place) 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN
d. STREET ADDRESS (If rural, give location) 811 1/2 W. 2nd

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) c. (Last) GRIGSBY

4. DATE OF DEATH (Month) (Day) (Year) 9-15-49

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 8/14/1869
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE DUTY
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME QUINN
13b. MOTHER'S MAIDEN NAME NO RECORD
14. NAME OF HUSBAND OR WIFE TOM GRIGSBY (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral heart disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-21, 1948, *to* 9-15, 1949, *that I last saw the deceased alive on* 9-12, 1949, *and that death occurred at* 1100A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. H. Hamilton (Degree or title) MD
23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg. Joplin, Mo.
23c. DATE SIGNED 9-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT 19, 1949
24c. NAME OF CEMETERY OR CREMATORY GRANBY CEM.
24d. LOCATION (City, town, or county) GRANBY (State) Mo.

DATE REC'D BY LOCAL REG. 9-19-49
REGISTRAR'S SIGNATURE Ed D. James by Dolores Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE HURLBUT GLOVER MORT ADDRESS 422 Sq. X.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-26-49
Jasper County Health Office

County File Number 49-9-753

Date Filed 9-29-49

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 Pat Hale, working under my personal supervision.

Student Embalmer No. 317

Signed Pat Hale
Student Embalmer

Signed Perry K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.