

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33255

|   |                                  |  |   |   |   |  |   |
|---|----------------------------------|--|---|---|---|--|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. 58  |   | PRIMARY REG. DIST. NO. 4089   |   | Registrar's No. 28                                   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carter</u>  |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ripley Co.</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Grandin John T.</u>  |                                  | c. LENGTH OF STAY (in this place)<br><u>2 weeks</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Johnson Township</u>   |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                                  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>15 miles north East of Doniphan</u>   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GRACE</u>   |                                  |  | b. (Middle) <u>EDNA</u>                                       |   | c. (Last) <u>Richmond</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>9-28-1949</u>                        |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>married</u>  |   | 8. DATE OF BIRTH<br><u>10-28-1906</u>   |   | 9. AGE (In years last birthday) <u>42</u>            |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>  |   | 11. BIRTHPLACE (State or foreign country)<br><u>Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>        |   |
| 13a. FATHER'S NAME<br><u>Bill Nance</u>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Susan Ketcherside</u>         |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>A. B. Richmond</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>A. B. Richmond - GRANDIN, Mo.</u>   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR - CANCER - METASTATIC</u>   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 Mos.</u>                                   |
|   |                                  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>CARCINOMA BREAST - LEFT</u> |   |   |   |  | R YRS.  |
|   |                                  | DUE TO (c)   |   |   |   |  |   |
|   |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                |   |   |   |  | <u>170X</u>   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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 <u>SEPT. 27, 1949</u> , to <u>SEPT. 28, 1949</u> , that I last saw the deceased alive on <u>SEPT. 28, 1949</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above. |                                  |  |   |   |   |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>V. M. Tolze - M.D.</u>   |                                  |  |   | 23b. ADDRESS<br><u>Doniphan, Mo.</u>  |   | 23c. DATE SIGNED<br><u>28 Oct. '49</u>               |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>9-30-1949</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Stevens Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Ripley County Mo.</u> |  |   |
| DATE REC'D BY LOCAL REG.<br><u>Nov. 5-49</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Mrs. Oeta Henson</u>   |   | 50 FUMERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W. E. Edwards - Doniphan Mo.</u>  |   |  |   |

RECEIVED 11/8/49  
District Health Officer No. 5,  
District File Number 1149694  
Date Filed 11/10/49

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.