

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10061

State File No.

FILED DEC 7 1949

No. 300
10-48
X

BIRTH NO. 70053-19 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		3. CITY OR TOWN <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>K.A.O. S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>907 C. Line St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephanie</u> b. (Middle) <u>Lu</u> c. (Last) <u>GRANDIA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE. <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 16 1949</u>	9. AGE (In years - last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Kirkville</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Dardene GRANDIA</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. L. Riemann</u> ADDRESS <u>907 E. Line, Kirkville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia and</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>broncho pneumonia</u> DUE TO (c) <u>Prematurity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>76.5</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)	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 Nov 25, 1949, to Nov 29, 1949, that I last saw the deceased alive on Nov 29, 1949, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William C. Kelly, D.D.</u>	23b. ADDRESS <u>Kirkville, Missouri</u>	23c. DATE SIGNED <u>11-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>W. C. Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dennis Funeral Home</u> ADDRESS <u>Kirkville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 6 1948
District Health Officer No. 10
District File Number 12-49-203
Date Filed DEC 6 1948

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence M. Billo

Signed _____
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.