S. No. 300
v. 10.48

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41679

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 135

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle):
c. (Last): Grant

4. DATE OF DEATH (Month) (Day) (Year): Nov 16 1949

5. SEX: Male
6. COLOR OR RACE: ~~Colored~~ Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 27-33
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Macon Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Monty G. Grant
13b. MOTHER'S MAIDEN NAME: Claudine Reynolds
14. NAME OF HUSBAND OR WIFE: Single

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Monty Grant — ADDRESS: Macon 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): Brain Injury - Left Chest Injury — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid 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.: none

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32

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): auto accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36
21c. (CITY, TOWN, OR TOWNSHIP): Macon — (COUNTY): Macon — (STATE): Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 10, 1949 9:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car (auto) accident R.R.

22. *I hereby certify that I attended the deceased from* 10 Nov, 1949, *to* 16 Nov, 1949, *that I last saw the deceased alive on* 16 Nov, 1949, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Donald E Eggleston M.D.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 7 Dec 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-19-49
24c. NAME OF CEMETERY OR CREMATORY: Woodland
24d. LOCATION (City, town, or county) (State): Macon Mo

DATE REC'D BY LOCAL REG.: 12/9/49
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: Stephens & Goodding — ADDRESS: Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1949

RECEIVED 12/13/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 12/49/64
Date Filed 12/28/49

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 George W. Davalt, Student Embalmer No. 347, working under my personal supervision.

Signed George W. Davalt
Student Embalmer

Signed H M Goodwin
Licensed Embalmer No. 1750
P. O. Address Alcorn Ms

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.