

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17218

FILED MAY 24 1950

050

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 5570		Registrar's No. 36			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson					
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus R#2		c. LENGTH OF STAY (in this place) 26 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		0500			
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) R#2					
3. NAME OF DECEASED (Type or Print) Dora Rose Grass			a. (First) Dora b. (Middle) Rose c. (Last) Grass			4. DATE OF DEATH April 3, 1950 (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 19, 1898			
9. AGE (In years last birthday) 51		10. MONTHS 3		11. DAYS 14		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo.			
13a. FATHER'S NAME Charles Grass			13b. MOTHER'S MAIDEN NAME Catherine Cooler			14. NAME OF HUSBAND OR WIFE Ed Grass			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Grass, Festus, Mo. R#2					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial asthma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. Chronic myocarditis 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 4 1/2 2 2	
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 April 1, 1950 , to April 3, 1950 , that I last saw the deceased alive on April 3, 1950 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Rosalie Bregent (M) (Degree or title)				23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Crystal City, Mo.			
DATE REC'D BY LOCAL REG. April 5, 1950		REGISTRAR'S SIGNATURE Clara Belland		FUNERAL DIRECTOR'S SIGNATURE Henry R. Jollette		ADDRESS Crystal City, Mo.			

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

MAR 9 1961

JEFFERSON COUNTY HEALTH DEPT. VS NOV 4 1960
HILLSBORO, MISSOURI
DATE RECEIVED 5-16-50

OCT 10 1951.

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 *John R. Jollette*
Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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.