

FILED JUN 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 108
Registrar's No. 108

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 328

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Carthage, Mo.	
c. LENGTH OF STAY (in this place) 1 mo. 3 days		d. STREET ADDRESS (If rural, give location) 602 E. Macon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McGune Brooks Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Perry	c. (Last) Grisham	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 17, 1883	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 21	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ora Alice Grisham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Jessie Taylor	ADDRESS Daughter
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs 260 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) interstitial		
	DUE TO (c) Diabetes Mellitus, mild		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 2, 1950, to June 8, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 8:25 A m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood Md. (Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 6/8/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-50	24c. NAME OF CEMETERY OR CREMATORY Stony Point	24d. LOCATION (City, town, or county) (State) S.W. 7 Carthage
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DATE REC'D BY LOCAL REG. 6-7-50	REGISTRAR'S SIGNATURE L. J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-19-50
Jasper County Health Office

County File Number 50-6-478
Date Filed 6-19-50

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 _____

working under my personal supervision.
Student
Student Embalmer

Student Embalmer No. _____

Signed *John S. Dennehy*
Licensed Embalmer No. 4194
P. O. Address _____

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.