

BIRTH NO. REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 9950 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>503 First Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>503 First Street</u>		d. STREET ADDRESS (If rural, give location) <u>503 First Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) <u>Louellen</u> c. (Last) <u>Grindstaff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 22, 1866</u>		9. AGE (In years last birthday) <u>84</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hickman Co., Tenn.</u>	

13a. FATHER'S NAME <u>Daniel Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cawhorn</u>		14. NAME OF HUSBAND OR WIFE <u>John Grindstaff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John M. Grindstaff, Rt. House Springs, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Position in bed</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <u>Infirmities of old age</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>52 1/2</u>
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) m.		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~~ on 12-27-1950, to 12-27-, 1950, that I last saw the deceased alive on 12-26-, 1950, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>E. D. Adams, M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>12-28-50</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge (City)</u>	
24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Meers, Doniphan, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>E. J. Houston</u>		2799	

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

911

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE NO.

No. ....

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 *Ray Measell*

Licensed Embalmer No. *3743*

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.