

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43939

43939

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6178</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cora - Rural Duncan Twp.</u>		c. LENGTH OF STAY (In this place) <u>84</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cora - Rural</u>		1950	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Duncan Twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Gramling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1950</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>10-17-1861</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>		IF UNDER 1 HR. Hours <u>1</u> Mins. <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co - Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer's wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ward C. Maggart</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Larue</u>			14. NAME OF HUSBAND OR WIFE <u>James Gramling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Orlan Gramling</u>		ADDRESS <u>Milan Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>				4500	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
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) _____		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 <u>Dec. 28, 1950</u> , to <u>Dec. 31, 1950</u> , that I last saw the deceased alive on <u>Dec. 31, 1950</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Montgomery M.D.</u>				23b. ADDRESS <u>Milan Mo</u>		23c. DATE SIGNED <u>1-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gramling Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 6-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Dwyer Schuman</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

050  
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Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-123  
Date Filed: JAN 24 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Dwight Schaefer*

Licensed Embalmer No. *2667*

P. O. Address *Urbana - 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.