

FILED FEB 12 1951 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1789

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson Twp</i>	
c. LENGTH OF STAY (In this place) <i>life</i>		d. STREET ADDRESS (If rural, give location) <i>3 miles NE of Anderson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 miles NE of Anderson</i>		d. STREET ADDRESS (If rural, give location) <i>3 miles NE of Anderson</i>	

3. NAME OF DECEASED (Type or Print) <i>HAZEL</i>	a. (First)	b. (Middle)	c. (Last) <i>GRISSOM</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>1-4-1951</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>7-9-1924</i>	9. AGE (In years last birthday) <i>26</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>26</i>	IF UNDER 24 HRS. Hours <i>2</i> Min. <i>2</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>House work</i>	11. BIRTHPLACE (State or foreign country) <i>Anderson Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
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13a. FATHER'S NAME <i>Charles W. Grisson</i>	13b. MOTHER'S MAIDEN NAME <i>Lillian Bennett</i>	14. NAME OF HUSBAND OR WIFE <i></i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charles W. Grisson Anderson Mo</i>	ADDRESS <i></i>
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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) <i>Overwhelming toxemia</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Unresolved pneumonia</i>		
	DUE TO (c) <i>Lobar pneumonia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>H90 X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 3, 1951, to Jan 4, 1951, that I last saw the deceased alive on Jan 4, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harold C. Ward, D.O.R.</i>	23b. ADDRESS <i>Goodman, Mo</i>	23c. DATE SIGNED <i>1/6/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-6-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Anderson Mo</i>
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DATE REC'D BY LOCAL REG. <i>1-7-51</i>	REGISTRAR'S SIGNATURE <i>Wayne Humphrey</i>	423	25. FUNERAL DIRECTOR'S SIGNATURE <i>Tatum Funeral Home Anderson, Mo</i>	ADDRESS <i></i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

600

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED (~~EMB~~) 5 1951

Dist. File 25-1-316

Date Filed 2-6-51

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 me

working under my personal supervision.

Student Embalmer No. ✓

Signed 2
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson 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.