S. No. 300
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FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11827

BIRTH NO. 20869-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 161 0091

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Southeast Missouri Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~None~~ Rural Whitewater
d. STREET ADDRESS (If rural, give location): ~~None~~ 3 mi W. Sedgewickville

3. NAME OF DECEASED (Type or Print): a. (First) Susie b. (Middle) Lee c. (Last) Grantham
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): No
8. DATE OF BIRTH: April 16, 1951
9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months — Days 1 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ray Grantham
13b. MOTHER'S MAIDEN NAME: Vera Seabaugh
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ray Grantham ADDRESS: Sedgewickville, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature, congenital umbilical hernia, strangulated — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: 4/16/51
19b. MAJOR FINDINGS OF OPERATION: repair of umbilical hernia & omentectomy
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/16/51, 19__, *to* 4/17/51, 19__, *that I last saw the deceased alive on* 4/17/51, 19__, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edw. Crites (Degree or title) MD
23b. ADDRESS: Sedgewickville Mo
23c. DATE SIGNED: 4/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/51
24c. NAME OF CEMETERY OR CREMATORY: Sedgewickville
24d. LOCATION (City, town, or county) (State): Sedgewickville Mo.

DATE REC'D BY LOCAL REG.: 4-23-1951
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: McCombs Furn. & Und. Co. Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 1 1951
DISTRICT HEALTH OFFICE No. 6
File 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 Body was not embalmed, working under my personal supervision.

Student Embalmer No.....

Signed Thos. K. Allen

Signed.....
Student Embalmer

Licensed Embalmer No. 4055

P. O. Address Jackson

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.