

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22110**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>816</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>18 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>1120 Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle)		c. (Last) <u>Grable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 13, 1877</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Dearborn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Grable</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Cox</u>		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. E. Grable, 2216 Francis, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, general</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Coronary occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
19a. DATE OF OPERATION		19b: MAJOR FINDINGS OF OPERATION <u>4200</u>				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 <u>Dec 9, 1949</u> , to <u>July 31, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. L. Leman M.D.</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>7-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/2/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Faucett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Faucett Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Calhoun</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home - St. Joseph Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

4-7

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. St. Joseph.

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.