

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3716

State File No. ....

FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6208 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pinery</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pinery</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>10700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANVILLE</u> b. (Middle) <u>PHEPps</u> c. (Last) <u>HILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 24 52</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 20, 1867</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>W. Va</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY		

13a. FATHER'S NAME <u>Aaron Gill</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Jordan</u>	14. NAME OF HUSBAND OR WIFE <u>Martha</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jed Hill</u> ADDRESS <u>Houston, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	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. <u>Cardiac Decompensation, arteriosclerosis and Hypertension</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-7, 1952, to 1-24, 1952, that I last saw the deceased alive on 1-21, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott Kramer MD</u> (Degree or title)	23b. ADDRESS <u>Houston, Mo</u>	23c. DATE SIGNED <u>1-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>
24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord V. Elliott</u> ADDRESS <u>Houston Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Frank E. Wood*

Licensed Embalmer No.

*4026*

P. O. Address

*Houston, 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.