

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8999

State File No.

LED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bunton Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>213 West Brooker</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Granvil</u>	b. (Middle) <u>Clifton</u>	c. (Last) <u>Black</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1879</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	11. UNDER 100 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>Church Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James T. Black</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Lake</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Black</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) (If specify year or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>497-14-5520</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Black Marceline, Mo</u>	ADDRESS <u>Marceline, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		<u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Cerebral Arteriosclerosis with nerve degeneration</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		<u>3 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 July, 1949, to Feb. 26, 1952, that I last saw the deceased alive on Feb 18, 1952, and that death occurred at 6:45 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip R. Ottman, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>2/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/27/52</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Gough</u>	ADDRESS <u>Marceline</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

581
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0581

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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 _____ ^X

Student Embalmer No. _____ ^X

working under my personal supervision.

Student _____ ^X
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.