

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9035

State File No. ....

DECEASED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>					
b. CITY OR TOWN <u>Macon</u>		c. LENGTH OF STAY (in this place) <u>9 1/2 hrs</u>		c. CITY OR TOWN <u>Rural - Middle Fork</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D #1 Macon, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>				3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Eerald</u> c. (Last) <u>Grant</u>					
4. DATE OF DEATH <u>Feb. 28 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			
8. DATE OF BIRTH <u>Dec. 31, 1931</u>		9. AGE (in years last birthday) <u>20</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Still-Hildreth Sanatorium</u>			
11. BIRTHPLACE (State or foreign country) <u>Macon Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Elmo Grant</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Allen</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>489-36-3013</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmo Grant</u> ADDRESS <u>R.F.D #1 Macon, 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>Delayed shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) <u>Possible undetected strabismus</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>4 hours</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cambroad Macon Co.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Middle Fork Twp. Macon Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27 1952 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>					
22. I hereby certify that I attended the deceased from <u>Feb 27, 1952</u> , to <u>Feb 28, 1952</u> , that I last saw the deceased alive on <u>Feb 28, 1952</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Gerard Massey M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>2/29/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>					
24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3/4/52</u>		REGISTRAR'S SIGNATURE <u>Judith McCreely</u>					
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon</u>							

#101  
0611

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

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3-18-53  
Date Filed 3-18-53

MS SEP 22 1953

OCT 5 1953

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 Thos. L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.