

FILED AUG 6 1952

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

Dr. CAIN 25255
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5900</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemscot 0780</u> b. CITY OR TOWN <u>Rural Brazzardien 1594</u> c. LENGTH OF STAY (in this place) <u>1594</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>20</u> c. CITY OR TOWN <u>Rural Brazzardien 1594</u> d. STREET ADDRESS (If rural, give location) <u>2 mi south Brazzardien Mo.</u>			
3. NAME OF DECEASED a. (First) <u>CLINT</u> b. (Middle) _____ c. (Last) <u>GRIGORY</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</u> (Year) <u>1952</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Dec-18-1917</u>		9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR: Months <u>12</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City, State or Foreign Country) <u>Bridgely, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leo. Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Leticia Powell</u>		14. NAME OF SPOUSE OR WIFE <u>Nellie Grigory</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>US</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Nellie Gregory Brazzardien</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Arteriosclerosis</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS <u>None</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) _____	
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>July 17, 1952</u> , to _____, 19____, that I last saw the deceased alive on <u>July 17, 1952</u> , and that death occurred at <u>12:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>201 Caruthersville, Mo.</u>		23c. DATE SIGNED <u>7/24/52</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24b. DATE <u>7/19/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central</u>		24d. LOCATION (City, town, or County) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raf. Ouse Ind. Co. Caruthersville, Mo.</u> ADDRESS _____			

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

(Licensed Embellisher's Statement on Reverse Side)

7-52-239

Rec. JUL 31 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

25501 8-30-52

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 *Noel C. Sean*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville 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.