

5. No. 300
EV. 10.48

ED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30502**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6119** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY Shannon 1010		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Shannon	
b. CITY OR TOWN Alley 1010		c. CITY OR TOWN Alley 0	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Grant U. Ipock			4. DATE OF DEATH (Month) (Day) (Year) Aug 7-1952		
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb 10-1872		9. AGE (In years last birthday) 80 Months 5 Days 19 If under 1 year: Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Union County Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ben. Ipock		13b. MOTHER'S MAIDEN NAME Narsisis Emmett		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E D Ipock Alley Springs, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 med.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		years	
		DUE TO (c) Arteriosclerosis & senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **Dec 1950**, to **Aug 7, 1952**, that I last saw the deceased alive on **Aug 7, 1952**, and that death occurred at **4:45a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Duncan F. Wilson (Degree or title) D.D.P.		23b. ADDRESS Emmerville Mo		23c. DATE SIGNED 8-25-52	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-52		24c. NAME OF CEMETERY OR CREMATORY Montier	
		24d. LOCATION (City, town, or county) (State) Montier, Mo.			

DATE REC'D BY LOCAL REG. R. D. Co. 52		REGISTRAR'S SIGNATURE Malcolm R. Co. 447		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo	
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(Licensed Embalmers' Statement on Reverse Side)

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

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 Joe P. Leonard

Licensed Embalmer No. 7325

P. O. Address Wm. View 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.