

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30744

State File No. ....

FILED OCT 14 1952

BIRTH NO. ....		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4044</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY OR TOWN <u>Sturgeon</u>		c. LENGTH OF STAY (in this place) <u>min.</u>		c. CITY OR TOWN <u>RFD 1 Bourbon</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main Street</u>				d. STREET ADDRESS (If rural, give location) <u>RFD 1</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>JESSE</u>		c. (Last) <u>GRACE</u>			
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>9</u>		(Year) <u>52</u>			
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>9-23-1882</u>			
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroader</u>		11. BIRTHPLACE (State or foreign country) <u>Garden City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Robert Grace</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Nickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Olivia Jane Dean</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-9060</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Leo Grace</u> ADDRESS <u>RFD 4 Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>  ANTECEDENT CAUSES Mortid 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>Crushed Chest</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>110</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Sturgeon</u> (COUNTY) <u>Boone</u> (STATE) <u>Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 9, 1952 7:10</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Railroad Crossing Accident</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry J. Sweet, JMD</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>10/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 11-1952</u>		REGISTRAR'S SIGNATURE <u>Maud M. Brider</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill H. Meeker</u> ADDRESS <u>Centralia, Mo.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 1952

JUL 22 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Bill A. Menden

Signed.....  
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Hurgeson, 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.