

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41309

State File No. 44

S. No. 300
v. 10.48

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6178 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reger</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reger - Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u> b. (Middle) <u>Grindstaff</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>12-23-1878</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Days <u>10</u> Hours <u>25</u> Min. _____	
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		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>us</u>		13a. FATHER'S NAME <u>Cain Grindstaff</u>		13b. MOTHER'S MAIDEN NAME <u>Mary</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Bivens (dead)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Grindstaff</u>		ADDRESS <u>Pallock Mo</u>		18. CAUSE OF DEATH	

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, asthenia, 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 occlusion</u>		DUE TO (b) <u>Coronary atherosclerosis</u>			<u>12 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized atherosclerosis</u>			?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					?	
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 Oct 15, 1952 to Nov 18, 1952, that I last saw the deceased alive on Nov 18, 1952 and that death occurred at Reger, Mo from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard Carter M.D.</u>		23b. ADDRESS <u>Browning, Mo</u>		23c. DATE SIGNED <u>Nov. 21, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Henry Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Reger Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenes</u>		ADDRESS <u>Milan Ill</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		320	

(Licensed Embalmer's 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..... *Dwight Schaeve*

Licensed Embalmer No. *2667*

P. O. Address *W. La - 1120*

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.