

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 421K Registrar's No. 48

420
4

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

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> | |
| c. LENGTH OF STAY (in this place) <u>2 months</u> | | d. STREET ADDRESS (If rural, give location) <u>504 E. Jackson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>COOPER</u> c. (Last) <u>GRINSTEAD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1953</u> | | |
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|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 4, 1867</u> | 9. AGE (in years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u> | IF UNDER 18 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Johnson County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Henry Cooper</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Stiles</u> | 14. NAME OF HUSBAND OR WIFE <u>Edmond B. Grinstead</u> |
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| 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. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>McWilson Davis</u> ADDRESS <u>Windsor, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exhaustion</u> | | |
| | ANTECEDENT CAUSES Morbid 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>481X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from Jan 20, 1952, to Jan 29, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. W. Wall</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Windsor</u> | 23c. DATE SIGNED <u>2-9-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-31-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan-31-53</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turley</u> ADDRESS <u>Windsor, Mo.</u> |
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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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thinksor, 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.