

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4235</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u> b. COUNTY <u>Unk. Bannock</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Annapolis Mo. On Train</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		8110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u>		b. (Middle) <u>Charles</u>		c. (Last) <u>Grant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 2 53</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>Aug. 31 1870</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rockport Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Byron Grant</u>		13b. MOTHER'S MAIDEN NAME <u>Malissia Aslin</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Grant Pocatello Id</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. <u>537-03-8235</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anne Grant Pocatello</u> ADDRESS <u>Idaho.</u>			
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) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Due to (b) Myocarditis</u> <u>Due to (c) Passed away on Mo. Pacific</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Passenger Train</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1953, and that death occurred at <u>1209P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. D. Howell</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>1/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-9-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>1287-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HALL FUNERAL HOME POCATELLO IDAHO</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John N. Shipman  
Licensed Embalmer No. 4881  
P. O. Address Bismarck, 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.