

No. 300
10-48
FILED FEB 17 1953THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8509

| | | | | | | | |
|---|----------------------------|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | PRIMARY REG. DIST. NO. <u>3076</u> | Registrar's No. <u>27</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 West Walnut</u> | | d. STREET ADDRESS (If rural, give location) <u>519 North Commercial</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ella</u> c. (Last) <u>Grace</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 1 1953</u> | | | | | |
| 5. SEX <u>Fm</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>September 13 1868</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Month Day | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Blanchard Adams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha</u> | | 14. NAME OF HUSBAND OR WIFE <u>James W. Grace</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Fern Willhite</u> ADDRESS <u>Sheldon, 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>Cerebral Hemorrhage</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) <u>331X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1-26-53</u> | |
| 19a. DATE OF OPERATION <input checked="" type="checkbox"/> | | 19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> | | | |
| 22. I hereby certify that I attended the deceased from <u>1-15-</u> , 19 <u>52</u> , to <u>2-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>53</u> , and that death occurred at <u>11:30 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Willhite</u> (Degree or title) <u>0</u> | | | 23b. ADDRESS <u>Nevada, Mo.</u> | | 23c. DATE SIGNED <u>2-9-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 4 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Click Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-11-53</u> | | REGISTRAR'S SIGNATURE <u>Anna & Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home Nevada, Mo.</u> | | | |

(Licensed Emballer's Statement on Reverse Side)

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

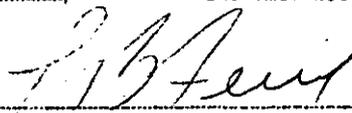
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

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.