

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8997

FILED APR 2 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 139

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

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Neely</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Neely</u> <u>0120</u> | |
| c. LENGTH OF STAY (in this place) <u>10 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East of Neelyville</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> | | b. (Middle) <u>Grandberry</u> c. (Last) <u>Grandberry</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 12, 1953</u> | | | |
| 5. SEX <u>Female</u> <u>3</u> | 6. COLOR OR RACE <u>colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 14, 1888</u> |
| 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 10 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 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 | 11. BIRTHPLACE (State or foreign country) <u>Memphis, Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>WM Baskin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Hargus Grandberry</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>Harvey Grandberry</u> | | ADDRESS <u>Neelyville, 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>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 <u>Jan. 7, 1953</u> to <u>March 12, 1953</u> that I last saw the deceased alive on <u>March 10, 1953</u> and that death occurred at <u>9 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>J. L. Smith</u> (Degree or title) | | 23b. ADDRESS <u>Box 328, Neelyville Mo 3-16-53</u> | |
| 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 15, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Neelyville</u> | 24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-17-53</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u> | |

RECEIVED

MAR 21 1953 MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 253-150

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.