S. No. 300
v. 10-49

FILED APR 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14737

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 79

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Mc Cune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0490
d. STREET ADDRESS (If rural, give location): Route #2 Marion Twn.

3. NAME OF DECEASED (Type or Print)
a. (First): Wilmott
b. (Middle): Leland
c. (Last): Grace

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-2-1895
9. AGE (In years last birthday): 56 | 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Jasper County Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Warren Leland Grace
13b. MOTHER'S MAIDEN NAME: ?
14. NAME OF HUSBAND OR WIFE: Bessie Bowman Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs W.L. Grace
ADDRESS: Carthage, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — | INTERVAL BETWEEN ONSET AND DEATH: 1 hr —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion — | 1 hr —
DUE TO (c): Arteriosclerotic heart disease — | ?

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: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/11, 1953, *to* 4/11, 1953, *that I last saw the deceased alive on* 4/11, 1953, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles H. Schell M.D. (Degree or title)
23b. ADDRESS: 201 W. 3rd, Carthage, Mo.
23c. DATE SIGNED: 4/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-15-1953
24c. NAME OF CEMETERY OR CREMATORY: Fullerton Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 4-14-53
REGISTRAR'S SIGNATURE: 139 J.B. Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Ulmer Funeral Home
ADDRESS: Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/349

Date Filed 4-21-53

FEB 3 1954

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 ED C. UHMER, JR. Student Embalmer No. 481 working under my personal supervision.

Student Ed. C. Uhmer, Jr.
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.