No. 300
10-48

FILED JUN 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17509

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155 Registrar's No. 53-56

290
1

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

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everton
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) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Everton 0290
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) ALVIN c. (Last) GRISHAM

4. DATE OF DEATH (Month) May 22, (Day) (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept 9, 1875
9. AGE (In years last birthday) 77 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Dade County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jasper M. Grisham
13b. MOTHER'S MAIDEN NAME Calodona, Reich
14. NAME OF HUSBAND OR WIFE Jessie Grisham

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. None
17. INFORMANT'S SIGNATURE OR NAME Jessie Grisham ADDRESS Everton, 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) Congestive Heartfailure — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary fibrosis
DUE TO (c)

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 525x
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* Sep 23rd, 1951, *to* May 22nd, 1953, *that I last saw the deceased alive on* May 5th, 1953, *and that death occurred at* 10:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Max Heilbrunn M.D.
23b. ADDRESS Lockwood, Mo
23c. DATE SIGNED 5-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 24, 1953
24c. NAME OF CEMETERY OR CREMATORY Sinking Creek
24d. LOCATION (City, town, or county) (State) Everton, Mo.

DATE REC'D BY LOCAL REG. 5-24-53
REGISTRAR'S SIGNATURE J. C. Canada 478 0
25. FUNERAL DIRECTOR'S SIGNATURE Brim-Samuel Ash Grove - Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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. _____

P. O. Address _____

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.