

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**24108**

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

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 22 yrs	
c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111a Independence St.		d. STREET ADDRESS (If rural, give location) 111a Independence St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Lyle	b. (Middle) Benjamin	c. (Last) Grisham	4. DATE OF DEATH (Month) (Day) (Year) July 8 1953
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kitchen Work	10b. KIND OF BUSINESS OR INDUSTRY Hotel Kitchen	11. BIRTHPLACE (City and State or Foreign Country) Patton, Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John Grisham	13b. MOTHER'S MAIDEN NAME Mamie Henley	14. NAME OF HUSBAND OR WIFE Margaret Grisham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-10-8936	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Grisham	ADDRESS Cape Girardeau Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH  8 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 18, 1953 to same, that I last saw the deceased alive on July 8, 1953, and that death occurred at 1:45 pm., from the causes and on the date stated above.

23a. SIGNATURE A. J. Schrader M.D. (Degree or title)	23b. ADDRESS Cape Girardeau 28 S. Jewish	23c. DATE SIGNED 7/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau; Missouri
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DATE REC'D BY LOCAL REG. 7-20-53	REGISTRAR'S SIGNATURE C. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE A. A. ...	ADDRESS Cape Girardeau, Mo
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(Licensed Embellisher's Statement on Reverse Side)

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

No. 300  
10-48

**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

*A. A. Kaman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, 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.