

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 403

FILED OCT 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

No. 300  
10-48

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

|  |                               |  |   |   |   |
|--|-------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Poplar Bluff Twp</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>13u</u>  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Poplar Bluff Rural</u>                                 |   | d. STREET ADDRESS (If rural, give location)<br><u>Providence Community</u>          |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Thelma Mae Grant</u>   |                               |  | a. (First)  | b. (Middle)                                   | c. (Last)   |
| 4. DATE OF DEATH   |                               |  | (Month)   | (Day)   | (Year)  |
| <u>9 23 1953</u>   |                               |  |   |   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH  | 9. AGE (In years last birthday)               | 10. IF UNDER 1 YEAR   |
| <u>Widowed</u>   | <u>Widowed</u>                | <u>Widowed</u>   | <u>9-28-1918</u>  | <u>34</u>                                     | <u>0 25</u>   |
| 11. BIRTHPLACE (City and State or Foreign Country)   |                               | 12. CITIZEN OF WHAT COUNTRY  |   | 13. IF UNDER 1 YEAR                           |   |
| <u>Kansas City, Mo</u>   |                               | <u>U.S.A.</u>  |   | <u>0 25</u>                                   |   |
| 13a. FATHER'S NAME   |                               | 13b. MOTHER'S MAIDEN NAME  |   | 14. NAME OF HUSBAND OR WIFE                   |   |
| <u>Thomas Atkin</u>  |                               | <u>Lesla Penn</u>  |   | <u>—</u>                                      |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS     |   |
| <u>—</u>   |                               | <u>—</u>   |   | <u>Mrs. Lesla Penn, Providence Mo</u>         |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |                               |  | MEDICAL CERTIFICATION   |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>   |                               |  | INTERVAL BETWEEN ONSET AND DEATH  |   |   |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |                               |  |   |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                               |  |   |   |   |
| 19a. DATE OF OPERATION   |                               |  | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|  |                               |  |   |   | <u>4201</u>   |
| 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)  |                               | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above. |                               |  |   |   |   |
| 23a. SIGNATURE   |                               | (Degree or title)  | 23b. ADDRESS  |   | 23c. DATE SIGNED  |
| <u>F. F. Priest, D.O.</u>  |                               |  | <u>Poplar Bluff, Mo.</u>  |   | <u>9-25-53</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  | 24b. DATE                     | 24c. NAME OF CEMETERY OR CREMATORY   |   | 24d. LOCATION (City, town, or county) (State) |   |
| <u>9-28-53</u>   | <u>9-28-53</u>                | <u>maroon</u>  |   | <u>Butler, CO Mo.</u>                         |   |
| DATE REC'D BY LOCAL REG.   | REGISTRAR'S SIGNATURE         |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |   |   |
| <u>9/27/53</u>   | <u>R. H. Minette</u>          |  | <u>Frank J. Smith, Lixreston, Mo.</u>   |   |   |

RECEIVED  
SEP 28 1953  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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

*Fred J. Smith*

Licensed Embalmer No. *4488*

P. O. Address *Sikeston, 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.