

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36173**

FILED NOV 12 1953

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 424	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		9005 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 136 East College			
3. NAME OF DECEASED (Type or Print) a. (First) Susie		b. (Middle) E.		c. (Last) GRANT		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 28, 1867	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and State or Foreign Country) Croton, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elihu Watts		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE O. P. Grant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Umbenhower, Indep. Mo.			
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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arterio-sclerosis DUE TO (c) osis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 7 hour 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Nov. 1 - 1953 , to Nov. 7, 1953 , that I last saw the deceased alive on Nov. 7, 1953 , and that death occurred at 9:27 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Allen M. D.				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 11-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Chariton, Iowa		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11-8-53		REGISTRAR'S SIGNATURE James H. Galy		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.	

(Revised Embellisher's Statement on Reverse Side)

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

Nov 9-53

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

Dean W. Huff

Licensed Embalmer No.

4914

P. O. Address

Independence, 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.