

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36275

FILED NOV 13 1953

State File No. 11772

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 60 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital		c. CITY OR TOWN Carthage	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 901 Grant St.	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) CLARENCE	c. (Last) GRISSOM	4. DATE OF DEATH (Month) (Day) (Year) Nov 4, 1953
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5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 4, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance salesman	10b. KIND OF BUSINESS OR INDUSTRY auto & fire ins.	11. BIRTHPLACE (City and State or Foreign Country) Cicero, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rev. Joseph C. Grissom	13b. MOTHER'S MAIDEN NAME Melissa Poland	14. NAME OF HUSBAND OR WIFE Anna J. Grissom
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-05-2320	17. INFORMANT'S SIGNATURE OR NAME Mrs. R.C. Grissom	ADDRESS 901 Grant, Carthage
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Occlusion Coronary artery</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with myocardial degeneration</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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 Oct 8, 1953, to Nov 4, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George A. Wood</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>Nov 5 '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 12 1953

Jasper County Health Office

County File Number 53-11-905

Date Filed NOV 13 1953

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.....
Signature of Student Embalmer

Signed..... *Robert H. Knell*

Licensed Embalmer No..... *4459*

P. O. Address..... *Carthage*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.