

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39716**
 Registrar's No. **407**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1511 Fulton Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hopsital			

3. NAME OF DECEASED (Type or Print) a. (First) Van b. (Middle) Grainge c. (Last) Grainge			4. DATE OF DEATH (Month) (Day) (Year) 11-25-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/13/1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days 1 IF UNDER 10 HRS. Hour 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY City Sewer Dept		11. BIRTHPLACE (State or foreign country) Laddonia, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Grainge	13b. MOTHER'S MAIDEN NAME Viola Eastham	14. NAME OF HUSBAND OR WIFE Della Grainge
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Grainge, ADDRESS 1511 Fulton
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) questionable subdural hematoma 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 _____	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Time) _____	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 **11-2-53** to **11-25-53**, 19____, that I last saw the deceased alive on **11-25-53**, 19____, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard M. Strong M.D. (Degree or title)	23b. ADDRESS 115 N. 5th St. Hannibal, Mo.	23c. DATE SIGNED 11-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/53	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery
		24d. LOCATION (City, town, or county) (State) Laddonia, Mo.

DATE REC'D BY LOCAL REG. 11/27/53	REGISTRAR'S SIGNATURE R. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE H. M. McDaniel ADDRESS Hannibal Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED DEC 7 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
Student Embalmer

Signed W. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Summit 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.

[Faint handwritten text]