

STANDARD CERTIFICATE OF DEATH

43879

State File No.

FILED DEC 23 1953

BIRTH NO. 9107510-53 RES. DIST. NO. 275 PRIMARY RES. DIST. NO. 5943 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Spring Creek</u>)		c. CITY OR TOWN <u>Rural-Spring Creek</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>Highway 63 North of Edgar Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Highway 63 North of Edgar Springs</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SANDRA</u>		b. (Middle) <u>KAY</u>	c. (Last) <u>GRISHAM</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1953</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>Nov. 16, 1953</u>		9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR Months <u>-</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Licking, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Grisham</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Henson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Grisham</u> ADDRESS <u>Edgar Springs, Mo.</u>	
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) <u>Cardiac & pulmonary arrest</u> ANTECEDENT CAUSES DUE TO (b) <u>tetany & convulsive seizures</u> DUE TO (c) <u>rickets & hereditary characteristics</u> 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</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) (Min.)	
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 <u>Sept 11, 1952</u> , to <u>Dec. 11, 1953</u> , that I last saw the deceased alive on <u>Dec 11, 1953</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B.G. Myers D.O.</u>		23b. ADDRESS <u>Licking, Mo.</u>	
23c. DATE SIGNED <u>12-14-53</u>		24. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 13, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Corn Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4498

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