

FILED MAR 1 1954

BIRTH, MO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Pascoua Twp	c. LENGTH OF STAY (In this place) 2 YR.	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0-180
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Rt # 2 Bragg City, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Matt	b. (Middle) (N)	c. (Last) GRACE	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 5, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 9 Days 8	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) DeKalb Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nell Grace	13b. MOTHER'S MAIDEN NAME Mary Brown	14. NAME OF HUSBAND OR WIFE Mary Sue Grace
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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. 425-16-1911	17. INFORMANT'S SIGNATURE OR NAME Mary Sue Grace	ADDRESS Rt 2 Bragg City, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) 4201
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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?
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22. I hereby certify that I attended the deceased from **2-12**, 19**54**, to **2-12**, 19**54**, that I last saw the deceased alive on **2-12**, 19**54**, and that death occurred at **3:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. D. Kaiser	(Degree or title) MD	23b. ADDRESS Hayti Missouri	23c. DATE SIGNED 2-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-18-54	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24d. LOCATION (City, town, or county) (State) De Kalb, Mississippi
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DATE REC'D BY LOCAL REG. 2-22-54	REGISTRAR'S SIGNATURE John W German	406-0	25. FUNERAL DIRECTOR'S SIGNATURE John W GERMAN	ADDRESS Hayti, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-32-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB. 27 1954

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 *John H. German*.....

Licensed Embalmer No. *438*.....

P. O. Address *Hayti, 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.