

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. **12936**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5941** Registrar's No. **527**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural)	c. LENGTH OF STAY (in this place) township) Miller Life	c. CITY OR TOWN Rolla	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route No. 2, Rolla Mo.,		e. STREET ADDRESS (If rural, give location) Route No. 2 0810	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) TUTTLE	c. (Last) GRISHAM	4. DATE OF DEATH (Month) (Day) (Year) Apr. 8, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 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) Phelps County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Newton Grisham	13b. MOTHER'S MAIDEN NAME Ellen Williams	14. NAME OF HUSBAND OR WIFE Hallie Grisham
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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. None	17. INFORMANT'S SIGNATURE OR NAME Lee Grisham, Rt. 2, Rolla Mo.,	ADDRESS
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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, asthma, 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) Pneumonia Virus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age 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) 492X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 8-17-49, 19, to 1-2-54, 19, that I last saw the deceased alive on 4-7-54, 19, and that death occurred at 10:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) N. A. Davis M.D.	23b. ADDRESS Fox 521 Rolla, Mo.	23c. DATE SIGNED 4-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 10, 1954	24c. NAME OF CEMETERY OR CREMATORY Camp Creek Cemetery	24d. LOCATION (City, town, or county) (State) NW of Rolla Missouri
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DATE REC'D BY LOCAL REG. April 12, 1954	REGISTRAR'S SIGNATURE Nadine L. Steel	25. FUNERAL DIRECTOR'S SIGNATURE Null & Son Funeral Home By: Paul C. Null	ADDRESS Rolla Mo.,
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(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..... *Paul E. N...*

Licensed Embalmer No... *449*

P. O. Address... *Rolla,*

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.