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

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 360 | | PRIMARY REG. DIST. NO. 6225 | | Registrar's No. 96 | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Washington Twp, 5 1/2 mi</u> | | c. LENGTH OF STAY (in this place) <u>5 1/2</u> | | c. CITY OR TOWN <u>Highlandville</u> | | d. If Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1040</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3 Nevada</u> | | | | f. STREET ADDRESS (If rural, give location) <u>none given</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>NETTIE</u> c. (Last) <u>GRAIG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1954</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>June 9-1883</u> | |
| 9. AGE (In years last birthday) <u>71</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>Greene Co. Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>William Clouse</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruth Connett</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Staudridge, Richmond Cal</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden death</u> <u>Unknown</u> <u>11</u> | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4/221</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | 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>Aug 21, 1953</u> , to <u>July 15, 1954</u> , that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>3:19 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George M. Bateler, M.D.</u> | | | | 23b. ADDRESS <u>State Hospital Nevada</u> | | 23c. DATE SIGNED <u>7/10/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>July 16, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Linden Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7-16-1954</u> | | REGISTRAR'S SIGNATURE <u>Anna & Jerry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> | | ADDRESS <u>Nevada, Mo.</u> | |

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 L. Ingles Ferry, Student Embalmer No. 1760 working under my personal supervision..

Student L. Ingles Ferry
Signature of Student Embalmer

Signed L. Ingles Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, Mis

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.