

No. 300
0-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26056

State File No.

FILED JUL 27 1954

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <i>Vernon.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Barren</i>	
b. CITY OR TOWN <i>Rural-Whashington Sup 7 days</i>		c. CITY OR TOWN <i>Golden City</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>0060</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital # 3 Nevada</i>		e. STREET ADDRESS (If rural, give location) <i>None.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>GRANT</i> c. (Last) <i>JOHN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 19-1954</i>
---	--	--	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 28-1891</i>	9. AGE (in years last birthday) <i>83</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Mechanic</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Madison County - Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
---	---	--	--

13a. FATHER'S NAME <i>William John</i>	13b. MOTHER'S MAIDEN NAME <i>Barbara Kistler</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Josephine John</i>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service) <i>Shufman</i>	16. SOCIAL SECURITY NO. <i>48630-1023A</i>	17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS <i>Hazel Forest, Lake Ozark, Mo.</i>
---	--	--

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>4 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heat exhaustion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Senility</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>			

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION <i>4500F</i>	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) (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 *7/19, 1954*, to *7/19, 1954*, that I last saw the deceased alive on *7/19, 1954*, and that death occurred at *10:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>George M. Batler, M.D.</i>	23b. ADDRESS <i>State Hospital, Nevada, Mo.</i>	23c. DATE SIGNED <i>7/19/54</i>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 21-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Golden City Missouri</i>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>7-20-54</i>	REGISTRAR'S SIGNATURE <i>Cuma & Ferry</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Ferry Funeral Home Nevada, Mo.</i>
---	---	--

(Licensee Embalmer's Statement on Reverse Side)

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

80
2

AUG 19 1954

JUL 29 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 L. Ingles Ferry, Student Embalmer No. 492 working under my personal supervision..

Student L. Ingles Ferry
Signature of Student Embalmer

Signed A. S. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, M

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.