

FILED AUG 16 1954

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28310**

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **3045** Registrar's No. **38**

672

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Charleston		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (in this place) 29 yrs.		d. STREET ADDRESS (If rural, give location) 302 S. Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 S. Elm St.			

3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) C. c. (Last) Blue			4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 1900		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Alabama	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE -----	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Blue, 2406 W. Monroe, Chicago, Ill.	

18. CAUSE OF DEATH Enter 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Hardening		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute Ischemic Encephalitis			
		DUE TO (c)			
11. 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"/>	
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) 3220	
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 **July 7, 1951**, to **Aug. 2, 1954**, that I last saw the deceased alive on **Aug. 2, 1954**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. R. ...		(Degree or title)		23b. ADDRESS Buyer Bldg. Charleston Mo.		23c. DATE SIGNED 8/4/54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	

DATE REC'D BY LOCAL REG. 8-12-54		REGISTRAR'S SIGNATURE Jean ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. S. Sparks Charleston, Mo.	
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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
Student Embalmer

Signed Frank Spontas

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.