

No. 300
10.48

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33595

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 993

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) Springfield

c. CITY OR TOWN Strefford

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp.

f. STREET ADDRESS (If rural, give location) No Street Address 0898

3. NAME OF DECEASED
a. (First) Harry b. (Middle) E. c. (Last) Grier

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 27, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 31 Aug. 1898

9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager

10b. KIND OF BUSINESS OR INDUSTRY Lumber Company

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME S.S. Grier

13b. MOTHER'S MAIDEN NAME Lucy Bryant

14. NAME OF HUSBAND OR WIFE Hallie Grier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive Right Cerebral Hemorrhage
ANTECEDENT CAUSES Left hemiplegia + Coma
Morbidity 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.
INTERVAL BETWEEN ONSET AND DEATH about 6 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 10/24, 1954, to 10/27, 1954, that I last saw the deceased alive on 10/26, 1954, and that death occurred at 10:10A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W Roland Langston M.D.

23b. ADDRESS Springfield

23c. DATE SIGNED 10/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/30/54

24c. NAME OF CEMETERY OR CREMATORY East Lawn

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 10-30-54

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE Swearingner + Co. ADDRESS Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1954

NOV 19 1954

NOV 4 1955

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 *Ogle Stone Jr.*.....

Licensed Embalmer No. *417*

P. O. Address *Springfield*

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.