No. 300
10.46

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5101

36493

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 510 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fristoe
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN: Fristoe
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Athens Township

3. NAME OF DECEASED (Type or Print)
a. (First): Gabriel
b. (Middle): Dewey
c. (Last): Grace

4. DATE OF DEATH (Month) (Day) (Year): Nov 17 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 21, 1899
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 9 Days 26 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (City and State or Foreign Country): Benton Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: A. J. Grace
13b. MOTHER'S MAIDEN NAME: Ida V. Alexander
14. NAME OF HUSBAND OR WIFE: Pearl Grace
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Pearl Grace Fairfield — ADDRESS: _____

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular-Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES
Morbid 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.* Hemiplegia - Chronic Hepatitis (Chloral Hydrate) — 2 years 3-6 months

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 331 X
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) m.: _____
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* June, 1951, *to* 17 Nov, 1954, *that I last saw the deceased alive on* October, 1954 *and that death occurred at* 8:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David H. Glenn MD
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 19 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 21, 1954
24c. NAME OF CEMETERY OR CREMATORY: Fairfield Cemetery
24d. LOCATION (City, town, or county) (State): Fairfield Benton Co. Mo

DATE REC'D BY LOCAL REG.: Nov 20. 1954
REGISTRAR'S SIGNATURE: Jas. A. Logan 23-(1)
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Crain — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John T. Reser

Licensed Embalmer No. 4.0

P. O. Address Wausau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.