

FILED NOV 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37984

No. 300
10. 48

| | | | | | | | |
|--|---------------------------|--|--|---|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 200 | | PRIMARY REG. DIST. NO. 5725 | | Registrar's No. 7 | |
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: <u>Missouri</u> b. COUNTY: <u>AGAIR</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AVRAH Macon Hudson</u> | | c. LENGTH OF STAY (in this place) (township) <u>7 mo 22 da</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u> | | d. STREET ADDRESS (If rural, give location) <u>0010 / 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildeth San.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Granling</u> c. (Last) <u>Granling</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-54</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>June 28-1870</u> | | 9. AGE (In years) (last birthday) <u>84</u> IF UNDER 1 YEAR: Month <u>7</u> Days <u>16</u> IF UNDER 1 MO. Hours <u>1</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Milan Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Ruben Granling</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Harriet Brandon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margret Granling</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hazel Pattman Greencastle Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> | | DUE TO (b) <u>Thrombotic Encephalomalacia</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Arteriosclerosis</u> | | | | | |
| II. 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) <u>332 X</u> | | | |
| 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 22, 1954, to Nov 14, 1954</u> , that I last saw the deceased alive on <u>Nov 14, 1954</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Deceased or title) <u>Nancy S. Still D.O.</u> | | | | 23b. ADDRESS <u>Macon Mo.</u> | | 23c. DATE SIGNED <u>11-14-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Nov 16 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Winigan</u> | | 24d. LOCATION (City, town, or county) (State) <u>Winigan Sullivan Co Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11-14-54</u> | | REGISTRAR'S SIGNATURE <u>Arthur M Green</u> | | 185 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H McCallum South Gifford Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 11.22.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 11.54.175
Date Filed 11.23.54

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 W. H. McCallister

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.