

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **850**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **10**

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) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 14 Days		• STREET ADDRESS (If rural, give location) 1524 North Rogers 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) Lilly c. (Last) Grant			4. DATE OF DEATH (Month) (Day) (Year) 1/3/55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 27, 1906	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 4 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Rushville, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Marion F. Hodges		13b. MOTHER'S MAIDEN NAME Sarah Belle Sasher		14. NAME OF HUSBAND OR WIFE Otis Lawton Grant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Leonard Grant, 922 E. Grand, Springfield	

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinomatous of entire abdomen DUE TO (c) Carcinoma of stomach		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hydrothorax Partial obstruction involving small intestine		151 X	

19a. DATE OF OPERATION 12/27/54	19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatous of entire abdomen		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 **12/20** 19**54** to **1/3/55**, 19**55**, that I last saw the deceased alive on **1/2/55**, 19**55**, and that death occurred at **7:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leonard E. Witzel DO		23b. ADDRESS 700 E. Sunshine, Springfield		23c. DATE SIGNED 1/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 5 1955	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) Delaware	24e. (State) Mo	
DATE REC'D BY LOCAL REG. 1-7-55		REGISTRAR'S SIGNATURE Ethel Williamson		FUNERAL DIRECTOR'S SIGNATURE Carroll & Blue ADDRESS Delaware Mo	

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

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.....
Licensed Embalmer No. 4154

P. O. Address *Bolivar, N.J.*

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.