

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8013

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 12

| | | | |
|---|--|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Howard</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Glasgow</i> | | c. LENGTH OF STAY (in this place) <i>9 yrs.</i> | c. CITY OR TOWN <i>Glasgow</i> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | f. STREET ADDRESS (If usual, give location) <i>OH 5 0</i> | |

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|---|--|--|--|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <i>PETER</i> | | b. (Middle) <i>G.</i> | | c. (Last) <i>GRANT</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 24 1955</i> | |
| SEX <i>Male</i> | | 6. COLOR OR RACE <i>Negro</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Be specific) <i>Widowed</i> | | 8. DATE OF BIRTH <i>Sept. 9, 1856</i> | | 9. AGE (In years) (last birthday) <i>98</i> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>Armatong Missouri</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <i>Lewis Grant</i> | | 13b. MOTHER'S M maiden NAME <i>Not known</i> | | 14. NAME OF HUSBAND OR WIFE <i>Mary Tolson Grant (de.)</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes (No. unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Etta Roy Glasgow</i> | |
| | | | | ADDRESS <i>Mo.</i> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> | | DUPLICATE (b) <i>Generalized arterio-sclerosis</i> | | ? | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE (c) <i>Bilateral gangrene of feet</i> | | | |
| 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 <i>4221</i> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 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) (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 *3-11, 1955*, to *3-24, 1955*, that I last saw the deceased alive on *3-23, 1955*, and that death occurred at *4:30 P.M.*, from the causes and on the date stated above.

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|---|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <i>J. N. Gaudin M.D.</i> | | 23b. ADDRESS <i>Glasgow Mo.</i> | | 23c. DATE SIGNED <i>3-31-55</i> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Mar. 28, 1955</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i> | | 24d. LOCATION (City, town, or county) (State) <i>Glasgow Mo.</i> | |
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| DATE REC'D BY LOCAL REG. <i>3-31-55</i> | | REGISTRAR'S SIGNATURE <i>Walker Audsley</i> | | 410 | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Audsley-Treemont</i> | | ADDRESS <i>Glasgow Mo.</i> | |
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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 *W. H. Richmond*

Licensed Embalmer No. *397*

P. O. Address *Glasgow*

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.