

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18175

State File No. _____

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kennett</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Kennett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>205 Cedar St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Loyd</u>		b. (Middle) <u>Lowndes</u>		c. (Last) <u>Grisham</u>	
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 16-1897</u>		9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>11</u>		11. DAYS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lowndes Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lin Grisham</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Aileen Grisham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aileene Grisham Kennett Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory arrest (failure)</u> ANTECEDENT CAUSES (b) <u>Cause undetermined</u> DUE TO (c) 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 <u>7950</u>				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)			
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 <u>June 2, 1955</u> , to <u>June 2, 1955</u> , that I last saw the deceased alive on <u>June 2, 1955</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jermosa J. J. Zell M.D.</u>				23b. ADDRESS <u>Kennett</u>		23c. DATE SIGNED <u>6-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Peidmont Mo.</u>	
DATE REC'D BY LOCAL HEALTH OFFICER <u>6-4-1955</u>		REGISTRAR'S SIGNATURE <u>Carl H. Schubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lentz Service</u>		ADDRESS <u>Kennett Mo.</u>	

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 6-9-55
COUNTY FILE NUMBER 65

JUN 23 1955

AUG 1 1955

JUN 21 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: *Edgar Lee Ford*

Licensed Embalmer No. 4433.

P. O. Address Kennett Mo.

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.