No. 300
10-48

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

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22850

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata
c. LENGTH OF STAY (In this place): 2 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: La Plata
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0610 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Edward
c. (Last): Grear

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Feb. 18, 1898
9. AGE (In years last birthday): 57 — If under 1 year: Months 5, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and State or Foreign Country): Hurdland, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Grear
13b. MOTHER'S MAIDEN NAME: Martha Pruet
14. NAME OF HUSBAND OR WIFE: Juanita Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI + WWII
16. SOCIAL SECURITY NO.: 709-16-0636
17. INFORMANT'S SIGNATURE OR NAME: Mrs Etta Fulmer — ADDRESS: La Plata, Mo.

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) Natural but undetermined. Inst — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Found Dead in

~~DUE TO~~ (c) Bath Room

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:00 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Lester Fullon (Degree or title): Coroner
23b. ADDRESS: Macon Mo.
23c. DATE SIGNED: July 26 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1955
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
24d. LOCATION (City, town, or county) (State): La Plata, Mo.

DATE REC'D BY LOCAL REG.: July 28 1955
REGISTRAR'S SIGNATURE: Mrs O. B. Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kenneth M. Wilson La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8.8.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.55.186
Date Filed 8.8.55

AUG 16 1955

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata,

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