

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36710**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains, Mo.</u>) | | c. CITY OR TOWN <u>Willow Springs, Mo.</u> | d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. LENGTH OF STAY (In this place) <u>17 months</u> | | e. STREET ADDRESS (If rural, give location) <u>3 mile South of Willow Springs</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Cross Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZ A</u> b. (Middle) <u>HOUSTON</u> c. (Last) <u>GRISHAM</u> | | | 4. DATE OF DEATH <u>Nov. 5, 1955</u> (Month) (Day) (Year) | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 4 1885</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR: Months <u>3</u> Days <u>1</u> | IF UNDER 4 HRS: Hours <u>1</u> Min. |
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| 10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Farm</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmwr</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ozark County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Don't know</u> | 13b. MOTHER'S MAIDEN NAME XXXXXXXXXXXX <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Della Blacksher Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Bell</u> | ADDRESS <u>Willow Springs, Mo.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hemiplegia - Left</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis, Chr. Hypertension, Chr. Pulmonary Edema, Ac</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 21-10, 1955, to 5 Nov, 1955, that I last saw the deceased alive on 5 Nov, 1955, and that death occurred at 11:40 P m., from the causes and on the date stated above.

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| 23. SIGNATURE (Print name) <u>Dr. Rollin Smith</u> | 23b. ADDRESS <u>West Plains, Missouri</u> | 23c. DATE SIGNED <u>11-11-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/7/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Howell County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-22-55</u> | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns</u> | ADDRESS <u>Funeral Home Willow Springs</u> |
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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

Fred W. Barnes
Signed. Fred W. Barnes

Licensed Embalmer No... 4617

P. O. Address W. Willow Sp

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.