

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37254BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 15 mos.		c. CITY OR TOWN Carthage		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 McCune-Brooks hospital				STREET ADDRESS (If rural, give location) Fair Acres 04930					
3. NAME OF DECEASED (Type or Print) MA UDE			a. (First)	b. (Middle)	c. (Last) GRANT	4. DATE OF DEATH (Month) (Day) (Year) Nov 5, 1955			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 10-1871		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) unknown		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. August Junge, 827 N. Moffett Joplin 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200 F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, intertrochanteric, Rt-femur</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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>10-10, 1955</u> to <u>11-5, 1955</u> , that I last saw the deceased alive on <u>11-5, 1955</u> , and that death occurred at <u>1:30p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard P. Cahle</u> (Degree or title) MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 11-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-5-55	24c. NAME OF CEMETERY OR CREMATORY Girard, Cemetery		24d. LOCATION (City, town, or county) (State) Girard, Kansas				
DATE REC'D BY LOCAL REG. 11-5-55		REGISTRAR'S SIGNATURE <u>Ell Clinton</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 17 1955
Saber County Health Office
County File Number 55-11-743
Date Filed 11/17/1955

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... *Frank W. Kuehl*

Licensed Embalmer No. *444*

P. O. Address... *Carthage*

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.