

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40199**

FILED DEC 19 1955

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 2000 Registrar's No. 1120

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a..STATE MISSOURI b. COUNTY. GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 28 days	c. CITY OR TOWN SPRINGFIELD	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 1104 W. WALNUT (Harmony Rest Home)		e. STREET ADDRESS (If rural, give location) 2543 North National	

3. NAME OF DECEASED (Type or Print) a. (First) SARAH	b. (Middle) N.	c. (Last) GRAIN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 13, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 10, 1859	9. AGE (In years) (Months) (Days) 96	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (City and State or Foreign Country) ILL.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME (Unknown) Doughtery	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE WIDOWED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. Unknou	17. INFORMANT'S SIGNATURE OR NAME FRANK ROSS	ADDRESS SPRINGFIELD, MISSOURI
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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 6 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

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) (Min.)	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 June 18, 1955 to Dec 13, 1955, that I last saw the deceased alive on Dec 1, 1955, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. Newton Walkman M.D.	(Degree or title) ()	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 12-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-55	24c. NAME OF CEMETERY OR CREMATORY BELLEVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI
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DATE REC'D BY LOCAL REG. 12-15-55	REGISTRAR'S SIGNATURE Witt Williams	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klugman	ADDRESS Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Max Rhodes

Licensed Embalmer No.
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P. O. Address.....
Springfield

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