

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1570

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 14

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY OR TOWN Hannibal, Mo. (If outside corporate limits, write RURAL and give town(ship)) | | c. CITY OR TOWN LITTLE BLUE (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON COUNTY HOME-COL | | STREET ADDRESS COUNTY HOME - COL. | |
| 3. NAME OF DECEASED (Type or Print) GRANT | | 4. DATE OF DEATH FEB 8 1956 | |
| 5. SEX MALE | | 6. COLOR OR RACE COLORED | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH AUG. 2, 1874 | |
| 9. AGE (In years last birthday) 81 | | 10. IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DON'T KNOW | | 10b. KIND OF BUSINESS OR INDUSTRY DON'T KNOW | |
| 11. BIRTHPLACE (City and State or Foreign Country) DON'T KNOW | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE DON'T KNOW | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN | |
| 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME COUNTY RECORD - JACKSON COUNTY | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 4 WEEKS | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | |
| 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) | | 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 Jan 7, 1956 to Feb 8, 1956 that I last saw the deceased alive on Jan 7, 1956, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE L. H. Griffin M.D. (Degree or title) | | 23b. ADDRESS R. # 4 Independence Mo | |
| 23c. DATE SIGNED 1-8-56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE 2-11-56 | | 24c. NAME OF CEMETERY OR CREMATORY HIGHLAND | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BROWN-HUDSON K.C., MO | |
| DATE REC'D BY LOCAL REG. 2-2-56 | | REGISTRAR'S SIGNATURE [Signature] | |

WRITE PLAINLY—USING UNFADEING 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

Signed *John R. Tidman*.....
Licensed Embalmer No. *45*.....
P. O. Address *Kansas City*.....

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.