

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23373

State File No.

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 658

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (If this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Grant"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1 Crane mo 1040</u>	

3. NAME OF DECEASED a. (First) <u>Louella</u> (Middle) _____ c. (Last) <u>Grisham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 28 - 1872</u>
9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>7</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME <u>Robert Hupphim</u>	13b. MOTHER'S MAIDEN NAME <u>Marinda Jane Hill</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Raymond Parks Crane</u> ADDRESS <u>mo</u>	

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) <u>Myocardial Infarction, Acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Arteriosclerosis, Generalized</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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? _____

22. I hereby certify that I attended the deceased from 7-15 1956 to 7-15 1956, that I last saw the deceased alive on 7-15 1956, and that death occurred at 7:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Park M.D.</u>	23b. ADDRESS <u>609 Cherry, Springfield mo</u>	23c. DATE SIGNED <u>7/16/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>7/18/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masson</u>
24d. LOCATION (City, town, or county) (State) <u>Crane mo</u>		

DATE REC'D BY LOCAL REG. <u>7-18-56</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Marlowe</u> ADDRESS <u>Crane mo</u>
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

