

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30191

State File No. _____

FILED OCT 9 1956

BIRTH NO. _____		REG. DIST. NO. <u>74</u>	PRIMARY REG. DIST. NO. <u>4136</u>	Registrar's No. <u>89</u>
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Clinton MO</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Plattsburg</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8th Street</u>		d. STREET ADDRESS (If rural, give location) <u>8th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>		b. (Middle) <u>BERTRUDE</u>	c. (Last) <u>GRAYSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 18 1873</u>	9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Tate</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Mark Grayson</u>	
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>Mark Grayson</u> ADDRESS <u>Plattsburg MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> 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 <u>5-6 days</u> <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Sept 15, 1956</u> to <u>Sept 30, 1956</u> that I last saw the deceased alive on <u>Sept 29, 1956</u> and that death occurred at <u>2:30 AM.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John P. Mabey M.D.</u> (Degree or title)		23b. ADDRESS <u>Plattsburg, Mo.</u>		23c. DATE SIGNED <u>10-1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mecca Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mecca, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 1-1956</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Pearce</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. D. Lyon - Plattsburg, Mo.</u>		

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
Student Embalmer

Signed

Phillip L. Cook

Licensed Embalmer No. 4993

P. O. Address Plattsburg, Mo.

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 this body is not embalmed, fact should be so stated above.