

health, Welfare Public service  
 300 1-56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 only standard nomenclature in item 18. No symptoms will be listed. All  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

STATE FILE NUMBER **34774**  
 Registrar's No. **369**

Registration District No. **209** Primary Registration District No. **3043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Residence 2415 Chestnut</b>		Length of stay in lb	d. STREET (If outside, give location) <b>ADDRESS 2415 Chestnut</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Stella Grammar</b>			4. DATE OF DEATH <b>October 24, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 14, 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Adams County Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Charles M. Grammar</b>			14. MOTHER'S MAIDEN NAME <b>Martha Harvey</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-18-6406</b>	17. INFORMANT <b>Miss Marie Cummings Hannibal Missouri</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis Cerebral hemorrhage</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>6 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Hannibal Mo</b>		20g. COUNTY <b>Marion</b> STATE	
21. I attended the deceased from <b>1947</b> to <b>Oct 24/1956</b> and last saw her/him alive on <b>Oct 15/1956</b> Death occurred at <b>12 noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Bluma R. Miller D.O.</b>			22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>10-25-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/27/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Prairie</b>		23d. LOCATION (City, town, or county) (State) <b>Baylis Illinois</b>	
24. FUNERAL DIRECTOR <b>Hannibal Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>10-27-56</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke By W. C. Fisher</b>		

**RECEIVED** NOV 2 1956  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** NOV 2 1956

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

Student.....  
Signature of Student Embalmer

Signed.....  
*John S. Ward*

Licensed Embalmer No...454

P. O. Address...Hannibal, Mo.

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