

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41492

State File No. _____

5596

FILED JAN 14 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General #2</u>				e. STREET ADDRESS (If rural, give location) <u>1415 E. 17th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u>		b. (Middle) _____		c. (Last) <u>Grisson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 4, 1914</u>		9. AGE (In years last birthday) <u>42 yrs.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe RR.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willis Grisson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND/OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>720-12-6124</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Curry, friend</u>		ADDRESS <u>1415 E. 17th</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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS		<u>330X</u>	
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (m.)		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>12-21-56</u> , 19 <u>56</u> , to <u>12-22-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-22-56</u> , 19 <u>56</u> , and that death occurred at <u>12:05 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. R. Peterson M.D.</u>				23b. ADDRESS <u>600 E. 22nd St.</u>		23c. DATE SIGNED <u>12-26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/26/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshall, Texas</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Texas</u>		
DATE REC'D BY LOCAL REG. <u>12-26-56 Steve Marshall</u>		REGISTRAR'S SIGNATURE <u>Steve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WATKINS BROTHERS FN. HM. 18th & Benton</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

0.300
0.48

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..... *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th St*

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.