

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

25512

FILED AUG 12 1957

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Granby		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Granby Community Hosp.		Length of stay in lb 1 days	STREET ADDRESS (If outside, give location) Kimbrough Rest home		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rosa Middle May Last Paul			4. DATE OF DEATH Month July Day 29 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1883	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Newton County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas Howerton			14. MOTHER'S MAIDEN NAME Uk. Sneed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Lost	17. INFORMANT Address Mrs. Nona Buford Pittsburg, Kansas		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure					INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Fat embolism					10 hours
DUE TO (c) Fracture left femur					4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell on stairs			
20c. TIME OF INJURY Hour 5:00 Month 7 Day 25 Year 1957 P. M. X					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) At home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Granby Newton Mo.	
21. I attended the deceased from July 28, 1957 to July 29, 1957 and last saw her/him alive on 7/29/57 Death occurred at 5:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Charles O. Christensen</i>			22b. ADDRESS Granby, Mo.		22c. DATE SIGNED 7/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-1-1957	23c. NAME OF CEMETERY OR CREMATORY Granby Memorial		23d. LOCATION (City, town, or county) (State) Granby, Missouri
24. FUNERAL DIRECTOR Floyd E. Shewmake Jr. Granby Mo		25. DATE RECD. BY LOCAL REG. Aug 2, 1957		26. REGISTRAR'S SIGNATURE <i>M. R. Spang</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED

District Health Officer No. Newton

District File Number 857-176

Date Filed AUG 5 1957

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 Floyd E. Shawmaki D.

Licensed Embalmer No. 49
60750
P. O. Address Shawmaki

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.