No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1957

State File No. 28665

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (In this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 215 W. John

058 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): D.
c. (Last): Grantges

4. DATE OF DEATH (Month) (Day) (Year): August 27, '57

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7/6/1874
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 1m Days: 21
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and State or Foreign Country): New Cambria, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Peter Grantges
13b. MOTHER'S MAIDEN NAME: Elizabeth Fulton
14. NAME OF HUSBAND OR WIFE: Isabella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Isabella Grantges
ADDRESS: Brookfield

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) Arteriosclerotic Heart Dis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1955, *to* 8-27, 1957, *that I last saw the deceased alive on* 8-27, 1957, *and that death occurred at* 8:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: John Warner (Degree or title) MD
23b. ADDRESS: Marceline, Mo
23c. DATE SIGNED: 8-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 29, '57
24c. NAME OF CEMETERY OR CREMATORY: St. Michael
24d. LOCATION (City, town, or county) (State): Brookfield, Mo.

DATE REC'D BY LOCAL REG.: 8-28-57
REGISTRAR'S SIGNATURE: Brookie Owens
25. FUNERAL DIRECTOR'S SIGNATURE: James McLaughlin
ADDRESS: Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Billy Jack Skinner.....

Licensed Embalmer No. 4785

P. O. Address Marceline

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