

58-004362

STATE FILE NUMBER

THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED MAR 5 - 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lionett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lionett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>405 Central</u>			Length of stay in lb <u>32 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>405 Central</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frances Lillian Gramling</u>				4. DATE OF DEATH Month Day Year <u>2-25-1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-4-1880</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hou sewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Harrison, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James Hayes</u>			13b. MOTHER'S MAIDEN NAME <u>Isabelle Drury</u>			14. NAME OF HUSBAND OR WIFE <u>T.J. Gramling (Deceased)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Frankie Gramling, Lionett, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart dis</u> DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6-7 yrs</u> <u>?</u>	
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 _____ a.m. _____ p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>6-10-57</u> to <u>2-25-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>2-21-58</u> Death occurred at <u>2:55 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <u>F. F. Edwards M.D.</u>				22b. ADDRESS <u>Lionett, Mo</u>		22c. DATE SIGNED <u>2-25-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Church Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Mercer Funeral Home, Lionett, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>		

(Licensed Embalmer's Statement on Reverse Side)

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 358-47

DATE REC. 3-8-58

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 Roy H. Merson .....

Licensed Embalmer No. 4432 .....

P. O. Address Manett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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