

FILED APR 15 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008850  
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 2</u>		Length of stay in lb <u>4 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>PRICE</u> Last <u>GRANT</u>			4. DATE OF DEATH Month <u>April</u> Day <u>7</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30-18 04</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boone County Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John T. Grant</u>		13b. MOTHER'S MAIDEN NAME <u>Phenish Bass</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme G. Henderson</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>Mayme G Henderson Columbia 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>Bowel obstruction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>from fecal impaction</u>							
DUE TO (c) <u>Subaltered from meningitis when 14 years old.</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>✓</u>				
20c. TIME OF INJURY Hour <u>✓</u> Month, Day, Year			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Columbia MO</u>				
21. I attended the deceased from <u>April 2-58</u> to <u>Apr-7-58</u> and last saw <sup>her</sup> him alive on <u>Apr-6-58</u> Death occurred at <u>12:15</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>F. C. Suggs</u> (Degree or title)				22b. ADDRESS <u>Columbia Mo</u>		22c. DATE SIGNED <u>4/8/58</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>		23b. DATE <u>April 11-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Stuart Burke, Columbia, Mo.</u>			25. DATE REC'D. BY LOCAL REG. <u>April 10, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctors, coroners, etc., must use only All diagnoses in Part I must be causally related.

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 *Gayest Green* .....

Licensed Embalmer No. *4220* .....  
P. O. Address *Marshall 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.