

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-011170

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 301

Primary Registration District No. 445D

Registrar's No. 583

300
 1-57
 910

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

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan.</u>		c. CITY OR TOWN <u>Doniphan.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>806 locust ST.</u>		d. STREET ADDRESS (If outside, give location) <u>806 locust ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>Maurice</u> Middle <u>Thomas</u> Last <u>Grace.</u>		4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1958.</u>	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</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>Jan. 12, 1922.</u>
9. AGE (In years last birthday) <u>36.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book Keeping.</u>	11. BIRTHPLACE (City and state or country) <u>Mountain Grove, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>George W. Grace.</u>	13b. MOTHER'S MAIDEN NAME <u>Willa Dalton.</u>	14. NAME OF HUSBAND OR WIFE <u>never married.</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>486-20-0751.</u>	17. INFORMANT <u>H.E. Brewer, Cape Girardeau, 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>Muscular Dystrophy.</u> DUE TO (b) <u>cardiac embolism</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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>10 years.</u> <u>1 week.</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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>December 5, 1957</u> to <u>March 23, 1958</u> and last saw ^{her} him alive on <u>March 23, 1958</u> Death occurred at <u>4:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Johnson, M.D.</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	
22c. DATE SIGNED <u>3/25/58.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Mar. 26, 1958.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri.</u>
24. FUNERAL DIRECTOR <u>Ray Means.</u>	ADDRESS <u>Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-2-1958</u>	26. REGISTRAR'S SIGNATURE <u>W.R. Johnson</u>

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 15 1959

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 *Ray Meant*

Licensed Embalmer No. *3743*

P. O. Address *Danipham*

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.