

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017273

STATE FILE NUMBER

FILED JUN 6 1958 Registration District No. 17 Primary Registration District No. 3005 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Summitt Twp. 0070		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hosp.		Length of stay in lb 1 wk	d. STREET ADDRESS (If outside, give location) RFD No. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Everett Middle G Last Grant			4. DATE OF DEATH Month May Day 31 Year 1958		
5. SEX male	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 Nov 21 1887		9. AGE (In years (at birthday)) 70
10a. USUAL OCCUPATION (Give kind of work done during year, or life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Gen. Building	11. BIRTHPLACE (City and state or country) K C Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Grant		13b. MOTHER'S MAIDEN NAME Anna Hazellett		14. NAME OF HUSBAND OR WIFE Mildred Grant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mildred Grant-Butler Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia - Bilateral					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pyleonephritis - Hypertrophic					7
DUE TO (c) Prostate - Bleeding ulcer stomach					5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture "Bumper" Both Bones Rt. leg.					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.) Bumper car rolls back & Broke leg -			
20c. TIME OF INJURY Hour 4 a.m. 5/31/58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Front yard			
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Butler		COUNTY Bates	STATE Mo.
21. I attended the deceased from Death occurred at 5:30 AM 5/22/58 to 5/31/58 and last saw him alive on 5/31/58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carter W. Luter MD			22b. ADDRESS Butler Missouri		22c. DATE SIGNED 5/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/2/58	23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery		23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood-Butler Missouri		25. DATE RECD. BY LOCAL REG. June 1, 58		26. REGISTRAR'S SIGNATURE Randall Kury	

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

1959 FEB 2

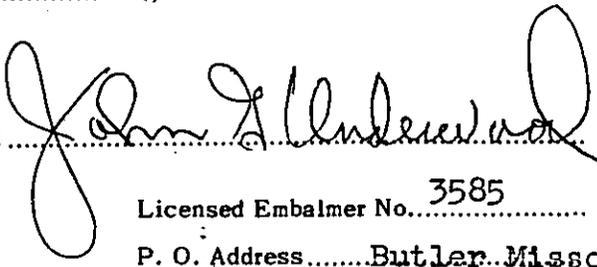
1958 DEC 9

1958 FEB 3

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 

Licensed Embalmer No. 3585

P. O. Address.....Butler, Missc

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.