

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043745

STATE FILE NUMBER

FILED DEC 16 1958

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 279

300
1-57

Dr. D. S. Merrill

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Denver</u> <u>1130</u> a
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		Length of stay in 1b <u>15 days</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Breathet Cleed Grace</u>			4. DATE OF DEATH Month Day Year <u>December, 10, 1958</u>		
---	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 21 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	------------------------------	---	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	--	---

13a. FATHER'S NAME <u>James B. Grace</u>	13b. MOTHER'S MAIDEN NAME <u>Armata Chittam</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Findley Grace</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. _____	17. INFORMANT <u>Mr. Findley Grace</u> Address <u>Denver, 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>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>C.A. Head of Pancreas</u>		Not Known
DUE TO (c) <u>Senility</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>157X</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 Month, Day, Year o.m. p.m.	
--	--

20d. INJURY OCCURRED WHILE AT <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 Nov. 15, 1958 to 10, Dec, 58 and last saw ²⁸him alive on 10, Dec, 58
Death occurred at 1:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. D. S. Merrill</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Albany, Missouri</u>	22c. DATE SIGNED <u>Dec, 11, 58</u>
--	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Dec. 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>Clifford Brooks</u> ADDRESS <u>Albany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
---	---	---

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cochell.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, 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.