

FILED VS JUL 29 1959 290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo.			Length of stay in 1b		c. CITY OR TOWN Crocker		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Box 341		
3. NAME OF DECEASED (Type or print) First B. Middle Margurite Last Grier				4. DATE OF DEATH Month July Day 23 Year 1959				
5. SEX Female	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8 Nov 06	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Deceased			13b. MOTHER'S MAIDEN NAME Deceased			14. NAME OF HUSBAND OR WIFE James Bernard Grier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT James B. Brier, Crocker, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma of breast								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
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 June 26, 1959 to July 23, 1959 and last saw ^{her} _{him} alive on July 23, 1959 Death occurred at 12:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Hans H. Baruch (Degree or Title) M.D.				22b. ADDRESS US Army Hospital Ft Leonard Wood, Mo.			22c. DATE SIGNED 7-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 26 Jul 1959	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		23d. LOCATION (City, town, or county) (State) Savannah, Missouri			
24. FUNERAL DIRECTOR Hedges Funeral Home Inc, Crocker, Mo				25. DATE RECD. BY LOCAL REG. 7-24-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moor

Licensed Embalmer No. 4896

P.O. Address Waynesville

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.