

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028561

FILED VS AUG 24 1959

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dallas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Length of stay in 1b 8 years	c. CITY OR TOWN Buffalo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Mill St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) E. Mill St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louise Middle --- Last Grubbs			4. DATE OF DEATH Month August Day 17, Year 1959		
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 6, 1894	9. AGE (last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Clinton, Iowa	12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Chester Wescott		13b. MOTHER'S MAIDEN NAME Katheryn Lindsey		14. NAME OF HUSBAND OR WIFE Frank Grubbs	
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. 479 24 3494	17. INFORMANT Frank Grubbs Address Buffalo, 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) Cerebral Hemorrhage (Apoplexy)					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					6 yrs
DUE TO (c) Thyrototoxicosis (?)					(?)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. Infectious (Rheumatoid) Arthritis				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 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.)			
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 1953 to 8-17-59 and last saw her alive on 8-16-59 Death occurred at 5:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.O. Gannon MD (Degree or title)			22b. ADDRESS Buffalo, Missouri		22c. DATE SIGNED 8-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Buffalo, Dallas Cty, Missouri		
24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo.		25. DATE RECD. BY LOCAL REG. 8/20/59	26. REGISTRAR'S SIGNATURE Mrs Vera Petree		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde Montgomery *Clyde Montgomery*

Licensed Embalmer No. 3592

P. O. Address Buffalo, Missou

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.