

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032166

FILED VS OCT 5 1959

Registration District No. 142 Primary Registration District No. 5666 Registrar's No. 50

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Howell</u>		b. CITY (If outside limits of city or town, give name of town or city) <u>Mountain View</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Howell</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb		c. CITY OR TOWN <u>Mountain View</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route - 1 1/2 mi N.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>James</u>		Middle <u>David</u>		Last <u>Grant</u>		Month <u>September</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Green Bush Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Michael Grant</u>			13b. MOTHER'S MAIDEN NAME <u>Mary F. LaForge</u>			14. NAME OF HUSBAND OR WIFE	
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>yes</u>		17. INFORMANT Address <u>Mary Lou Pike Springfield, Missouri</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>Burned to Death</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immed</u>			
DUE TO (b) <u>Home burned - trapped inside</u>							
DUE TO (c) <u>Home burned - trapped inside</u>							
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>Was trapped in burning home.</u>					
20c. TIME OF INJURY Hour <u>7</u> a.m. Month, Day, Year <u>9-18-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Mountain View Mo.</u>		COUNTY <u>Howell</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7 A.M.</u> to <u>7 A.M.</u> and last saw him alive on <u>9-18-59</u>							
Death occurred at <u>7 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joe R. Duncan</u> (Degree or title)				22b. ADDRESS <u>Mtn. View Mo.</u>		22c. DATE SIGNED <u>10-2-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/22/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mountain View, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-2-1959</u>		26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3287 6 Y 100 SA

**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

*Richard A. Norton*

Licensed Embalmer No.

5029

P. O. Address

*Mtn View*

\* 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.