

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-041148

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>OZARK</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OZARK</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DORA,</b>		Length of stay in lb <b>78 yrs.,</b>		c. CITY OR TOWN <b>DORA,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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) <b>ROSIE JANE GRISHAM</b>				4. DATE OF DEATH Month <b>11</b> Day <b>7</b> Year <b>59</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-21-1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>78</b> Days	IF UNDER 24 HR Hours <b>78</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and state or country) <b>OZARK COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>JOE EPLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MAY WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>		<b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT <b>DALE GRISHAM, DORA, MO</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension and</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b> 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 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 <b>15</b> a.m. Month <b>May</b> Day <b>1959</b> Year <b>7</b> p.m.		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.) <b>15 May 1959, to 7 Nov 59</b>		20f. CITY, TOWN, OR LOCATION <b>West Plains, Mo</b>		COUNTY <b>DORA, MO</b>		STATE	
21. I attended the deceased from Death occurred at <b>?</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) <b>R. E. D.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		23b. DATE <b>11-14-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SWEETON CEMETERY</b>		23d. LOCATION (City, town, or county) <b>DORA, MO</b>	
24. FUNERAL DIRECTOR <b>ROBERTSONS, WEST PLAINS, MO</b>				25. DATE RECD. BY LOCAL REG. <b>11-21-59</b>		26. REGISTRAR'S SIGNATURE <b>Hans Mahan</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 3437

P. O. Address *[Signature]*

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.