IRL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUN 14 1960

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STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Licking
Length of stay in 1b 22da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Texas
c. CITY OR TOWN Kinderhook
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1/2 Mi. S. of Kinderhook.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Laura Middle: Last: Granger
4. DATE OF DEATH Month: May Day: 31 Year: 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-21-1867
9. AGE (last birthday) 92.
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) House wife
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (City and state or country) Rolla, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Richard Burk
13b. MOTHER'S MAIDEN NAME Hester Gravitt
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)
16. SOCIAL SECURITY NO.
17. INFORMANT Roy Granger Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac + pulmonary arrest.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	acute bowel obstruction	6 weeks
DUE TO (c)	cachexia + debilitation	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 15 to May 31, 196 and last saw her alive on May 31, 1960
Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Myers (Degree or title) D.O.
22b. ADDRESS Licking, Mo
22c. DATE SIGNED 6-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-3-60
23c. NAME OF CEMETERY OR CREMATORY Hooper Cem
23d. LOCATION (City, town, or county) Rolla (State) Mo

24. FUNERAL DIRECTOR Smith-Ferguson ADDRESS Licking Mo
25. DATE RECD. BY LOCAL REG. June 6, 1960
26. REGISTRAR'S SIGNATURE Elnora E. Hesse

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Eubert E. Ferguson

Signature of Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Lucking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.