URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

60-030058

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 11

NDED

1. PLACE OF DEATH
a. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONE TOWNSHIP — Length of stay in 1b 5 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. I, SULLIVAN, MO. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CRAWFORD
c. CITY OR TOWN SULLIVAN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. I, ~~SULLIVAN~~ Bourbon — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HARRY Middle JAMES Last GRANGER
4. DATE OF DEATH Month SEPT. Day 8 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH FEB. 15, 1903
9. AGE (last birthday) 57 — 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) BAKER
10b. KIND OF BUSINESS OR INDUSTRY BAKING
11. BIRTHPLACE (City and state or country) MIDDLETOWN, INDIANA
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE FLORENCE FRICKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-05-3491
17. INFORMANT Address FLORENCE GRANGER, SULLIVAN, MO.

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) Acute Coronary Thrombosis — 1/2 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis — 2 yrs
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. ☐ 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 6/20/60 to 9/8/60 and last saw her/him alive on 9/8/60
Death occurred at 8:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. DeLorane
22b. ADDRESS Sullivan, Mo
22c. DATE SIGNED 9/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL
23d. LOCATION (City, town, or county) (State) SULLIVAN, MO.

24. FUNERAL DIRECTOR H. M. EATON ADDRESS SULLIVAN, MO.
25. DATE RECD. BY LOCAL REG. 9/10/60
26. REGISTRAR'S SIGNATURE E. E. Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS APR 19 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harrison W. Eaton
Signature of Student Embalmer

Licensed Embalmer No. 506

P. O. Address Sullivan,

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