

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004556

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 9

AMENDED

FILED VS FEB 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia	a. STATE Mo	b. COUNTY Boone
Length of stay in 1b 3 months		c. CITY OR TOWN Centralia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home		d. STREET ADDRESS (If outside, give location) 448 South Jenkins	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Bessie	Middle Lee	Last Gholson	4. DATE OF DEATH	Month Feb	Day 20	Year 1961
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5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Boone County, Mo.	11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Robert Garrett	13b. MOTHER'S MAIDEN NAME Mary Frances Grigsby	14. NAME OF HUSBAND OR WIFE deceased
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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 Address Mrs. Frank Snell, Centralia, Mo.
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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)	Gastric bleeding	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	unknown
	Peptic ulcer	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **February 10, 1958** to **February 19, 1961** and last saw her/him alive on **Feb. 19, 1961**
Death occurred at **11:45** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Lachance	22b. ADDRESS M. D. 110 West Sneed, Centralia, Mo.	22c. DATE SIGNED Feb 23, 61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) Centralia, Mo.
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24. FUNERAL DIRECTOR Bill Do Meador, Centralia, Missouri	25. DATE RECD. BY LOCAL REG. Feb 23-1961	26. REGISTRAR'S SIGNATURE Maud M. Bride
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 2 1961

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 Bice J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Mass

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.