

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

51-010887  
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3407** FILED APR 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>   |  | Length of stay in 1b<br><b>8 DAYS</b>  | c. CITY OR TOWN <b>JEFFERSON CITY</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VAH, 915 NORTH GRAND AVE.</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>1810H Tanner Bridge Road</b>             |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>JOHN W. GRISHAM</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>4/7/61</b>  |  |   |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>6/15/02</b>   | 9. AGE (last birthday)<br><b>58</b>  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>JEFFERSON CITY, MISSOURI, U.S.A.</b>        |  | 12. CITIZEN OF WHAT COUNTRY   |  |
| 13a. FATHER'S NAME<br><b>JOSEPH GRISHAM</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MOLLIE JACKSON</b>                                   |  | 14. NAME OF HUSBAND OR WIFE<br>- - - - -   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WW-I</b>  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>PHYLLIS MC DANIEL (DAUGHTER) 807 DEEG STREET JEFF. CITY MO</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ACUTE CORONARY THROMBOSIS</b>   |  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |   | DUE TO (b) <b>4201H</b>  |  |  |   |  |
| DUE TO (c)   |  |   |  |  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>CANCER OF LUNG</b>   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>Month, Day, Year  |  |   |  |  |  |   |  |
| 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  |
| 21. I attended the deceased from <b>3/30/61</b> to <b>4/7/61</b> and last saw him live on <b>4/7/61</b> . Death occurred at <b>10:35 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>JOHN B. SHIELDS M.D.</b>  |  |   |  | 22b. ADDRESS<br><b>VAH, ST. LOUIS, MO.</b>   |  | 22c. DATE SIGNED<br><b>4/7/61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>4-10-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>                       |  | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson City, Mo.</b>  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Tanner Funeral Home, Jefferson City, Mo.</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 10 1961</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>                                  |  |

APR 18 1967

APR 20 1967

**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 Harvey Kahle

Licensed Embalmer No. 4596  
P. O. Address St Louis, Mo

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.