

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-031827

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. _____

FILED SEP 25 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		c. CITY OR TOWN <u>WARSAW</u>	
Length of stay in 1b <u>years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER ELMER GRISSAM</u>			4. DATE OF DEATH Month Day Year <u>Sept 14 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Apr 15 1895</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>	11. BIRTHPLACE (City and state or country) <u>Warsaw, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>William H. Grissam</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frances Keys</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Blanche Grissam</u>		Address <u>Warsaw</u>	
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) <u>ACUTE CIRCULATORY FAILURE</u>			<u>5 MIN.</u>
DUE TO (b) <u>CORONARY THROMBOSIS</u>			<u>5 MIN.</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>5 YRS.</u>
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 _____ a.m. _____ p.m. 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 <u>SEPT., 10, 1961</u> to <u>SEPT., 14, 1961</u> last saw her/him alive on <u>SEPT., 13, 1961</u> Death occurred at <u>9:50 A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree / title) <u>Grissam D.D.</u>		22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>9-15, 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 17, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Luby Creek Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co. Mo</u>
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>		DATE RECD. BY LOCAL REG. <u>Sept. 17, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Jac. A. Logan</u>

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Wasau

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.