

AMENDED Registration District No. Primary Registration District No. Registrar's No. 10545

FILED NOV 28 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **BARNES HOSPITAL** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Indiana** b. COUNTY **Vandenberg**
 c. CITY OR TOWN **Evansville** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5601 Madison** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
EDITH M GRANT **NOVEMBER 10 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1/16/1896** 9. AGE (last birthday) **65** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Illinois.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edward Randolph** 13b. MOTHER'S MAIDEN NAME **Edith Albright** 14. NAME OF HUSBAND OR WIFE **John Grant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No. Nil.** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT **John Grant, 5601 Madison, Evansville, Ind.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **ADENOCARCINOMA OF SIGMOID COLON WITH GENERALIZED METASTASES TO ABDOMINAL VISCERA** INTERVAL BETWEEN ONSET AND DEATH **3 MONTHS**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____
 DUE TO (c) **153.3**

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. 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 **NOVEMBER 4, 1961** to **NOV. 10, 1961** and last saw her/him alive on **NOVEMBER 10, 1961**
 Death occurred at **7:10 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **E. O. Vershler, M.D.** 22b. ADDRESS **BARNES HOSPITAL** 22c. DATE SIGNED **11/11/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-11-61** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Evansville, Indiana.**

24. FUNERAL DIRECTOR **Albert H. Hoppe Inc., 4700 Washington, Blvd.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **NOV. 13, 1961** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

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.