

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-000158

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 5094 Registrar's No. 18

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Osage Township		Length of stay in 1b life		c. CITY OR TOWN Osage Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION 3 Mile South Rich Hill			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 Mile South-Rich Hill		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Joe Louis Grassi				4. DATE OF DEATH Month Day Year January 23 1962					
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-5-1914		9. AGE (last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Bates County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min. 2 18	
13a. FATHER'S NAME Peter Grassi			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Ralph Smith			Address Butler, 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) Death from Strangulation									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hanging by A ROPE									
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: <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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suicide					
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.) at rural home=barn		20f. CITY, TOWN, OR LOCATION Rich Hill		COUNTY Bates		STATE Missouri	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred X found at 5-P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Cloris Swick acting coroner				22b. ADDRESS Sherriff Bates Co Mo. Butler Bates Co Missouri				22c. DATE SIGNED 1/29/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/29/62		23c. NAME OF CEMETERY OR CREMATORY StBridget Catholic Cem.		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri			
24. FUNERAL DIRECTOR Booth Funeral Service-Rich Hill, Mo.				ADDRESS 1-29-62		25. DATE RECD. BY LOCAL REG. Norman Wilson		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

APR 9 1962

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 G. Anderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.