MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025936

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 57

FILED AUG 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar — Length of stay in Ib: 3 Mon.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gilbert Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dade
c. CITY OR TOWN: Everton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jessie Middle: Pearl Last: Grisham
4. DATE OF DEATH: Month: Aug. Day: 6, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-9-1878
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): Brownington, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: C. C. Dempsey
13b. MOTHER'S MAIDEN NAME: Sarah Snider
14. NAME OF HUSBAND OR WIFE: John Alvin Grisham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles D. Grisham Address: Eldorado, Kans. RR #1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Disease — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Bronchitis
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 5-8-62, to 8-6-62 and last saw her/him alive on 8-5-62
Death occurred at 3:15 pm - 8-6-62 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Herbert M. Arnold M.D. (Degree or title)
22b. ADDRESS: Lamar Mo.
22c. DATE SIGNED: 8-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-8-1962
23c. NAME OF CEMETERY OR CREMATORY: Sinking Creek, Cemetery
23d. LOCATION (City, town, or county) (State): Everton, Mo.
24. FUNERAL DIRECTOR: Brim-Daniel Funeral Service, Ash Grove, Mo ADDRESS
By: Doyle L. Daniel
25. DATE RECD. BY LOCAL REG.: 8-11-1962
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

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 Donavon [illegible]

Licensed Embalmer No. 5159

P. O. Address Walnut Grove

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.