

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029451

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2266

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge Hills, Mo.		Length of stay in 1b 3 yrs.	c. CITY OR TOWN Breckenridge Hills
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9718 Breckenridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9718 Breckenridge
3. NAME OF DECEASED (Type or print) First Florence Middle Sarah Last Grissom		4. DATE OF DEATH Month Aug. Day 1 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-08
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 53 Days Hours Min. 	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 Own Home	11. BIRTHPLACE (City and state or country) University, City Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Oliver Lash	
13b. MOTHER'S MAIDEN NAME Bertha M. Dill		14. NAME OF HUSBAND OR WIFE Iley E. Grissom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Iley E. Grissom-9718 Breckenridge		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition et Debilitation DUE TO (b) Carcinomatous DUE TO (c) Primary Carcinoma of Tonsil PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 April 1958 to Aug 1 1962 and last saw her alive on July 31, 1962 Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert P. Owen D.O. (Degree or title)		22b. ADDRESS 7587 Olive Blvd. St Louis 30, Mo.	
22c. DATE SIGNED 8-3-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-4-1962		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	
23d. LOCATION (City, town, or county) Wellston, Missouri		23e. DATE RECD. BY LOCAL REG. 8-3-62	
24. FUNERAL HOME 2504 WOODSON ROAD OVERLAND 14, MISSOURI		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 David C. Gibson

Licensed Embalmer No. 3452

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.