

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030535

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 15

FILED SEP 4 1962

VS 300
Rev. 4/59

10352
3780

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4 0
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7 0
8 2
9863X
10 39
110.35
12 91-3
13 2-0

DATE AMENDED 10/11/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF Faye Aaron (Aaron)

Louise Berry Grissom

ITEM NO. SHOULD READ

14 Louise Berry Grissom

DOCUMENT Marriage License

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twp.		Length of stay in 1b Unknown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Rives		c. CITY OR TOWN Hayti Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) P.O. Box 109 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Charles Last Grissom			4. DATE OF DEATH Month Aug. Day 28 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/5/30
9. AGE (last birthday) 32		IF UNDER 1 YEAR Months 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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Holland, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Bondy Grissom	
13b. MOTHER'S MAIDEN NAME Carrie A. Norrid		14. NAME OF HUSBAND OR WIFE Louise Berry	
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. X	
17. INFORMANT Mrs. Faye Grissom - P.O. Box 109-Hayti		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) Conflagration .			INTERVAL BETWEEN ONSET AND DEATH Instant
DUE TO (b)			
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 checked="" 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.) While riding in airplane, the plane crashed	
20c. TIME OF INJURY 3:45 Hour 3 Month Aug. Day 28 Year 62 p.m.	and burned.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gravel Road.	20f. CITY, TOWN, OR LOCATION Clay Twp.	COUNTY Dunklin STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death certificate) Quinton Tarver, Coroner		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 8-29-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 30, 1962	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Hayti, Missouri
24. FUNERAL DIRECTOR John W. German Funeral Home Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 8/29/62	26. REGISTRAR'S SIGNATURE Sue Palenske

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 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 Was Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

As provided for some dispensation and establishment of the Division of Health Services

10