

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1704

STATE FILE NUMBER

VS 300
Rev. 4/59

0397
20220
3
4 0
5 1
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7 0
8 2
9 X
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11 104
12 4-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Greene</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>	c. CITY OR TOWN <u>Highlandville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Billie Gene Grider</u>	
4. DATE OF DEATH	Month Day Year
	<u>Nov. 16 1962</u>
5. SEX	6. COLOR OR RACE
<u>Male</u>	<u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	<u>2-11-1938</u>
9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
<u>24</u>	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
<u>Wood working</u>	<u>Native Wood</u>
11a. FATHER'S NAME	11b. MOTHER'S MAIDEN NAME
<u>Hershel H. Grider</u>	<u>Nellie Essick</u>
12. CITIZEN OF WHAT COUNTRY	13. NAME OF HUSBAND OR WIFE
<u>U.S.</u>	<u>Maxine Grider</u>
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	15. SOCIAL SECURITY NO.
16. INFORMANT	Address
<u>Maxine Grider, Highlandville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<u>Crushed Chest</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Internal Injuries</u>
	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.)	
<u>Car Accident</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	
<u>6:30 AM</u>	<u>11/16/62</u>
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.)
	<u>Highway 13</u>
20f. CITY, TOWN, OR LOCATION	COUNTY STATE
<u>Stone Co</u>	<u>Mo</u>
21. I attended the deceased from <u>Coroner's Case</u> to _____ and last saw him alive on _____	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<u>George Mauler</u> Coroner	<u>Crane, Missouri</u>
22c. DATE SIGNED	
<u>11/19/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<u>Burial</u>	<u>Nov. 20, 1962</u>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Highlandville Cemetery</u>	<u>Highlandville Mo.</u>
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
<u>Adams-Monger, Ozark, Mo</u>	<u>11-26-62</u>
26. REGISTRAR'S SIGNATURE	
<u>Effie S. Metten</u>	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 29 1962

DEC 3 1962

DEC 13 1962

Permit 11-16-62

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, Robert H. Bates III, Student Embalmer No. 673

working under my personal supervision

Student Robert H. Bates III
Signature of Student Embalmer

Signed Ree M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield 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.