

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16302

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BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>404 N 2nd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20-1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Michel</u> c. (Last) <u>Grant</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-10-1894</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Grant</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Grant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>490058398</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Grant</u>		ADDRESS <u>Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>51</u> , to <u>May 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>51</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James Smith MD</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>5-22-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-23-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG <u>May 23-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u>		ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

RECEIVED 5-28-51

OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-28-51

APR 18 1952

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 _____
Student Embalmer

Signed *Robert L. Dunning*

Licensed Embalmer No. *4570*

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.