

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39799

State File No. _____

FILED DEC 9 1952

Registrar's No. 285

BIRTH NO. _____ REG. DIST. NO. 29-1 PRIMARY REG. DIST. NO. 3006

1. PLACE OF DEATH a. COUNTY <u>Kandolph</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>46 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 Woodland Avenue</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Kandolph</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> d. STREET ADDRESS (If rural, give location) <u>317 Woodland Avenue</u>	
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3. NAME OF DECEASED (Type or Print) <u>LOU LEE GRITTON</u> a. (First) <u>LOU</u> b. (Middle) <u>LEE</u> c. (Last) <u>GRITTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-4-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May-15-1863</u>	9. AGE (in years) (Specify birthday) <u>89</u>	10. AGE (in years) (Specify birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Missouri</u>	
13a. FATHER'S NAME <u>Ambrose Hulen</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ashbury</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas E. Gritton</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. S. Riley Moberly Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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.	INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>422-2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) _____	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 Jan 1949, **to** Dec 4, 1952, **that I last saw the deceased alive on** Dec 4, 1952, **and that death occurred at** 1028 P.m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>Willie Hulen, Jr. M.D.</u>	23b. ADDRESS <u>Moberly, Mo.</u>	23c. DATE SIGNED <u>Dec 5 '52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home Moberly Mo.</u>	

DATE REC'D BY LOCAL REG. Dec 6-5-52 REGISTRAR'S SIGNATURE Seal (Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48

83
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FEB 3 1953

FEB 10 1953

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 _____

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Proberly 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.