

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHPerkins 9561
State File No. 12

BIRTH NO.		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 1836		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Howell b. CITY (If outside corporate limits, write RURAL and give township) Mountain View c. LENGTH OF STAY (In this place) 3 days d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell c. CITY (If outside corporate limits, write RURAL and give township) Mountain View 0460 d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) LEE c. (Last) GRITTON		4. DATE OF DEATH (Month) (Day) (Year) March 20-1953		5. SEX M 0		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 16-1862		9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months 6 Days 4	
11. BIRTHPLACE (City and State or Foreign Country) Bondville, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Floyd Gritton		13b. MOTHER'S MAIDEN NAME Sarah Evans	
14. NAME OF HUSBAND OR WIFE Susan Mildred Herndon Gritton		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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry Becker Mtn View, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EMBOLISM, CEREBRAL & PULMONARY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FIBRILLATION, ATRICULAR 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 3 days 3 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4331		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)		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 3/17, 1953 to 3/20 1953 that I last saw the deceased alive on 3/20, 1953 and that death occurred at 3P m., from the causes and on the date stated above.							
23a. SIGNATURE W.B. Perkins M.D.		(Degree or title)		23b. ADDRESS Memorial Hospital, Mtn View, Mo.		23c. DATE SIGNED 3/23/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/53		24c. NAME OF CEMETERY OR CREMATORY Arroll		24d. LOCATION (City, town, or county) (State) Arroll, Missouri	
DATE REC'D BY LOCAL REG. 3/31/53		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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

John F. Duncan

Licensed Embalmer No. *2516*

P. O. Address *207 View, G. D. 6*

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.