

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

38390

State File No. \_\_\_\_\_

FILED NOV 24 1954

Registrar's No. 254

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 254	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holliday</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				3. NAME OF DECEASED a. (First) <u>Octy</u> b. (Middle) <u>Bryan</u> c. (Last) <u>Grande</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1954</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>7-1-1898</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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Madison (AR) Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Christy Grande</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Delaney</u>		14. NAME OF HUSBAND OR WIFE <u>Ola Perce Grande</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Octy Grande</u>		ADDRESS <u>Holliday 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomyelitis following Rabies</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.  <u>E944X</u> <u>460</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Vaccine 3 wks.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>Nov 12</u> , 1954, to <u>Nov 13</u> , 1954, that I last saw the deceased alive on <u>Nov 19</u> , 1954, and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Willie L. Thompson</u>		23b. ADDRESS <u>Madison Mo</u>		23c. DATE SIGNED <u>Nov 15 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 16 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DePaul</u>		24d. LOCATION (City, town, or county) (State) <u>Holliday Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/15/54</u>		REGISTRAR'S SIGNATURE <u>W. L. Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Thompson</u>		ADDRESS <u>Madison Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Wm Fred A Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Wm Fred A Thompson*

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.