

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2065

State File No.

FILED FEB 13 1952

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 S. Oak California, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>103 S. Oak, California. Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maude</u>	b. (Middle) <u>Anna Grant.</u>	c. (Last) <u>Cole</u>	4. DATE OF DEATH (Month) <u>4</u> (Day) <u>16</u> (Year) <u>1952</u>
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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>Sept 17. 1868</u>	9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Geo D. Grant</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Byrd</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah M. Cole</u> ADDRESS <u>Wentzville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> 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>10 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>California Moniteau Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-16-1951, to 2-6-1952, that I last saw the deceased alive on 2-6-1952, and that death occurred at 2:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. B. Fulk</u>	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>2-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>2/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cent</u>	24d. LOCATION (City, town, or county) (State) <u>California</u>
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DATE REC'D BY LOCAL REG. <u>2-8-52</u>	REGISTRAR'S SIGNATURE <u>W. R. Royce</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. R. 202</u> ADDRESS <u>East Bouldin California</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 27 1961
12 00 PM

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Emel D. Bouchin

Licensed Embalmer No. 2126

P. O. Address California, Jr

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.