

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1955

Mohler

40539

State File No.

5423

Registrar's No.

BIRTH NO.

REG. DIST. NO.

101

PRIMARY REG. DIST. NO.

5423

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, write RURAL and give
OR
TOWN)

Arbryd

c. LENGTH OF
STAY (in this place)d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION. at home2. USUAL RESIDENCE (Where deceased lived. If institution: residence before
admission).

a. STATE

Missouri

b. COUNTY

Dunklin

c. CITY
OR
TOWN

Arbryd

d. Is residence within limits of
a city or incorporated town?
Yes No STREET
ADDRESS

(If rural, give location)

0350

3. NAME OF

a. (First)
(Type or Print)

b. (Middle)

c. (Last)

4. DATE
(Month) (Day) (Year)
DEATH Dec. 29, 1954

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec. 14, 1868

9. AGE (In years
last birthday)

86

IF UNDER 1 DAY

0

IF UNDER 24 HRS.

15

IF UNDER 4 HRS.

0

IF UNDER 24 MIN.

0

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

Reagan, Tennessee

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Wilson C. Grissom

13b. MOTHER'S MAIDEN NAME

Loucinda Gourley

14. NAME OF HUSBAND OR WIFE

Sarah Frances Grissom

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.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Sarah Frances Grissom, Arbyrd, 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, asthenia,
etc. It means the
disease, injury, or complication
which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Carcinoma, prostate with
metastasisINTERVAL BETWEEN
ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b)
rise to the above cause (a) stating
the underlying cause last.

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 OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

177X

20. AUTOPSY?

YES NO 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 NOT WHILE
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1954, to Dec 29, 1954, that I last saw the deceased
alive on Dec 3, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Eberle Mohler Jr

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

12-31-54

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

12-31-54

24c. NAME OF CEMETERY OR CREMATORIAL

Lulu

24d. LOCATION (City, town, or county)

Senath, Missouri

(State)

DATE REC'D BY LOCAL
REG.

REG.

REG.

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Mitchell Funeral Home, Paragould, Ark.

RECEIVED DUNKLIN COUNTY
DEPARTMENT 1-14
COUNTY REC'D 10-15-58

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:
Signature of Student Embalmer

Signed *Richard M. Mitchell*
Licensed Embalmer No. 70

P. O. Address *Paragould*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.