

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14227

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Ray</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lawson</i>		c. LENGTH OF STAY (in this place) <i>65 yrs.</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lawson</i> <i>0890</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>CORDIA</i> b. (Middle) <i>GRIZZLE</i> c. (Last) <i>SHARP</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April-16-1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov. 9-1858</i>
9. AGE (In years last birthday) <i>91</i> IF UNDER 1 YEAR Months <i>5</i> Days <i>7</i> IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country) <i>Kane Ill.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>James A. Grizzle</i>	
13b. MOTHER'S MAIDEN NAME <i>Marcena Pitches</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>W. D. Crowley</i> ADDRESS <i>Lawson, Mo.</i>
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) <i>Chronic Myocarditis & Atrial Fibrillation</i> ANTECEDENT CAUSES <i>Senile Arteriosclerosis</i> Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>10 yrs</i> <i>4221</i>	
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) <i>Lawson Ray Mo.</i>	
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 <i>April</i> , 1950, to <i>April 16, 1950</i> , that I last saw the deceased alive on <i>April 14, 1950</i> , and that death occurred at <i>3:45 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Oliver E. Buehler M.D.</i>		23b. ADDRESS <i>Lawson, Mo.</i>	
23c. DATE SIGNED <i>April 17, 1950</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April-18-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lawson</i>	24d. LOCATION (City, town, or county) (State) <i>Lawson Mo.</i>
DATE REC'D BY LOCAL REG. <i>Apr 17, 1950</i>	REGISTRAR'S SIGNATURE <i>Mo. Raymond Crowe</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Jarman - Richard</i> ADDRESS <i>Lawson, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 5

District Health Officer No. 8,

District File Number _____

Date Filed 5/5/50

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 Ludell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Enclave Springs, 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.