

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2228339385-49

BIRTH NO. _____

REG. DIST. NO. 340PRIMARY REG. DIST. NO. 3075Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Barbara (Type or Print)			b. (Middle) Josephine
			c. (Last) Grim
4. DATE OF DEATH (Month) (Day) (Year) June 20, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 14, 1949
9. AGE (in years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dexter, Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Walter E. Grim		13b. MOTHER'S MAIDEN NAME Mary Dell Darby	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) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Walter E. Grim	
		ADDRESS Dexter, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIARRHEA DUE TO DYSENTERY BACILLUS. INTERVAL BETWEEN ONSET AND DEATH 36 HRS	
		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. 7640	
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>June 19, 1949</u> , to <u>June 20, 1949</u> , that I last saw the deceased alive on <u>June 20, 1949</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Harold A. Orr M.D.		23b. ADDRESS Leute Mo.	23c. DATE SIGNED 6/22/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-21-49	24c. NAME OF CEMETERY OR CREMATORY Essex cemetery	24d. LOCATION (City, town, or county) (State) Essex, Missouri
DATE REC'D BY LOCAL REG. 6-27-49	REGISTRAR'S SIGNATURE Helmer W. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	
		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Sanitary Health Officer NO. 1

District File Number 749-2296686

Date Filed JUL 6 1949

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 _____

B. Brentinger

Licensed Embalmer No. 4201

P. O. Address Dexter 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.