

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12157**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **119**

42  
2

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brunswick 0210</b>	
c. LENGTH OF STAY (In this place) <b>3yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>State Hospital Mo 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lacy</b> b. (Middle) _____ c. (Last) <b>GRIMES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 12 1950</b>
---	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>2-1-1891</b>	9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
-----------------	-------------------------------	---	----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Chariton Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>American</b>
---	--	---	--

13a. FATHER'S NAME <b>Benjamin Price</b>	13b. MOTHER'S MAIDEN NAME <b>Jemie Sharpe</b>	14. NAME OF HUSBAND OR WIFE <b>N.H.</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>8-15</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hosp No 1 Fulton Mo</b>	ADDRESS <b>Fulton Mo</b>
--	-------------------------------------	--	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>490XF</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Fracture Left Hip 4-7-50</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital no Fulton</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fulton Callaway Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 7 50 9:10 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell on ward floor no Fulton Mo</b>
---	---	---

22. I hereby certify that I attended the deceased from **4-7-1950**, to **4-12-1950**, that I last saw the deceased alive on **4-12-1950**, and that death occurred at **100** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.D. Caldwell M.D.</b>	23b. ADDRESS <b>Fulton Mo</b>	23c. DATE SIGNED <b>4-12-50</b>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April-16-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Colored cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Brunswick, Mo.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>April-14-1950</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. W. Heise</b>	ADDRESS <b>Waller Funeral Home Fulton, Mo</b>
---	---	-----	---	---

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

RECEIVED  
APR 17 1950  
District Health Officer No. 9  
District Health Officer No. 9

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 *Wenzel C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton md.*

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.