

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22549

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 106

1080

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY OR TOWN Nevada (Center)		c. CITY OR TOWN Nevada, Center Twp. 1080	
c. LENGTH OF STAY (in this place) 10 years		d. STREET ADDRESS (If rural, give location) R.R.#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#2			

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) Nelson c. (Last) Grimsley			4. DATE OF DEATH (Month) (Day) (Year) June 14 1950			
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10, 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Latorer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Reeds Grimsley		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Zelphy Grimsley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Zelphy Grimsley ADDRESS Nevada, Missouri R.R.#2	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		DUPLICATE				17 1/2	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. used 12 ga. shot gun					
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Seen shot wound in head, self inflicted		DUE TO (b) _____					
		DUE TO (c) _____					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION Death instantly				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Center Twp. Vernon Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) June 14-1950 5:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted thru shot wound			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Thurman, Coroner (Degree or title)		23b. ADDRESS Nevada Missouri		23c. DATE SIGNED 6-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		24d. LOCATION (City, town, or county) (State) Nevada Missouri	

DATE REC'D BY LOCAL REG. June 24-50		REGISTRAR'S SIGNATURE Kathryn H. Yancus		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7.5.50

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 *H. J. Perry*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.