

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27499

0610

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4310</u>	Registrar's No. <u>78</u>
1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Anderson</u>		c. (Last) <u>Grim</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1950</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>May 28 1867</u>
9. AGE (In years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miss Jorman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Bidderon Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Chas. Grim</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Terry</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Carleton Grim</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella C. Grim</u> ADDRESS <u>Bevier Mo</u>
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) <u>Cardiac Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Compensation</u> DUE TO (c) <u>Rheumatism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>July 3, Aug 16 44 days</u> <u>?</u> <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4214</u>
22. I hereby certify that I attended the deceased from <u>July 3</u> , 19 <u>50</u> , to <u>Aug 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>50</u> , and that death occurred at <u>12:30</u> p. m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. E. L. Weidlich</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bevier, Mo</u>		23c. DATE SIGNED <u>Aug 16 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>
24d. LOCATION (City, town, or county) <u>Bevier</u>		24e. (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-21-50</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u> <u>397</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Edwards</u> ADDRESS <u>Bevier Mo</u>

RECEIVED 8-31-50
Bacon County Health Department
County File No. 9-50-167
Date Filed 9-2-50

Date Received: AUG 29 1950
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

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 *J. S. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Brewer, Ga.*

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.