

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10474

FILED JAN 3 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 48

04222
3

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brownington Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krusley Coburn</u>		d. STREET ADDRESS (If rural; give location) <u>RR # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>APHRAN</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>GRIMBLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 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>7/10/1878</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>CURLY GRIMBLE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SHARP</u>	
14. NAME OF HUSBAND OR WIFE <u>MARIE GRIMBLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Edward Grumble</u> ADDRESS <u>Brownington</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPIRATION PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PARALYSIS PHARYNX</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARCINOMA COLON</u>	
19a. DATE OF OPERATION <u>NONE</u>		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? _____			
22. I hereby certify that I attended the deceased from <u>1 NOV.</u> , 19 <u>50</u> , to <u>23 DEC.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>29 DEC.</u> , 19 <u>50</u> , and that death occurred at <u>2 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>26 Dec 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem near Clinton</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adams</u> ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 24 1950</u>		REGISTRAR'S SIGNATURE _____	

RECEIVED 1.2.51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1.2.51 _____

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 E Consolem* _____

Licensed Embalmer No. 1891 _____

P. O. Address *Clinton, 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.