

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 20463  
 2760

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>38 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1404 LYDIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1404 LYDIA</u>		e. STREET ADDRESS (If rural, give location) <u>1404 LYDIA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>GRIMES</u> c. (Last) <u>GRIMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 14, 1882</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>UNOCCUPIED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FLOYD COUNTY, GA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>UNOCCUPIED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>FLOYD COUNTY, GA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID GRIMES</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE GRIMES</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Grimes</u> ADDRESS <u>1404 Lydia</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chr. Hypertensive Ht.</u> ANTECEDENT CAUSES <u>Chr. Interstitial Nephritis</u> <u>acute myocarditis</u> 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. <u>Decubitus ulcer on spine &amp; feet</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? _____		22. I hereby certify that I attended the deceased from <u>7-8-1951</u> , to <u>6-14-1952</u> , that I last saw the deceased alive on <u>6-14-1952</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. S. Wells MD</u> (Degree or title)		23b. ADDRESS <u>2122-E-15th</u>	
23c. DATE SIGNED <u>6-16-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNE 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie L. Meek</u> ADDRESS <u>Kansas City, Mo.</u>	
DATE RECD BY LOCAL REG. <u>6-17-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	

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

*incontinence*  
*feces*

**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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.