

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3961

FILED SEP 20 1952 BIRTH NO. ... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>HARDIN, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>N</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>MARVIN</u> c. (Last) <u>GRIMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 7, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>SEPT 13, 1868</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days OF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo. 0</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOHN P. GRIMES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. CRAMER</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE 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 ADDRESS <u>PAUL GRIMES HARDIN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>33 1/2</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
		DUE TO (c) <u>Chronic hepatitis & uremia</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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug 25, 1952 to 9-17, 1952, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 7:40 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Cummins M.D.</u> (Degree or title)		23b. ADDRESS <u>1612 Prof Bldg</u>		23c. DATE SIGNED <u>9-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawlock Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>9-7-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knapshild & Borcharding, Hardin, Mo.</u>	
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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 August Boeckhding
Licensed Embalmer No. 4878

P. O. Address Wardin, 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.