

19619

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1954

BIRTH NO. ... REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 5725 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY Macon b. CITY OR TOWN Hudson twsp c. LENGTH OF STAY ... 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY Macon c. CITY OR TOWN Macon d. STREET ADDRESS Lake View Rest Home

3. NAME OF DECEASED a. (First) Lawrence b. (Middle) Grim c. (Last) Grim 4. DATE OF DEATH June 18, 1954

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed 8. DATE OF BIRTH Apr. 8, 1869 9. AGE 85

10a. USUAL OCCUPATION laborer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Macon County, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Grim 13b. MOTHER'S MAIDEN NAME Mary Macy 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Fuller, Atlanta, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Enteric sclerotic heart disease ANTECEDENT CAUSES 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 Chronic Bronchitis Interval between onset and death 2 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4200 20. AUTOPSY? YES NO X

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1954, to June 18, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE G. L. Durdand, Jr. (Deceased or title) 23b. ADDRESS Macon 23c. DATE SIGNED 6-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE June 21, 1954 24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery 24d. LOCATION (City, town, or county) (State) Macon County, MO.

DATE REC'D BY LOCAL REG. 6/28/54 REGISTRAR'S SIGNATURE Ruth M. Neely 185 FUNERAL DIRECTOR'S SIGNATURE R. Lester Brem ADDRESS Macon, Mo.

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

No. 300 10.48

6104

RECEIVED 7.7.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 704,117
Date Filed 7.7.54

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.

Signed Howard Myers
Licensed Embalmer No. 4494
P. O. Address Macon, Ga.

Signed _____
Student Embalmer

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.