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FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33250

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 4338

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>10 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Belton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>		d. STREET ADDRESS (If rural, give location) <b>311 2nd St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta</b> b. (Middle) <b>S.</b> c. (Last) <b>Grimes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5, 1955</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-31-1875</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Mt. Vernon, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Letus Shirley</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Charley Grimes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hugh Moore 4533 W. 65St. K.C. Mo</b>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PERITONITIS, ACUTE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>CHOLECYSTITIS, ACUTE, AND CHRONIC WITH CHOLELITHIASIS</b>		<b>2 WKS</b>	
DUE TO (c) <b>NONE</b>				<b>5+ YRS.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>NONE</b>		<b>584X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>(CHOLECYSTITIS, ACUTE + CHRONIC, WITH CHOLELITHIASIS)</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KANSAS CITY, JACKSON, MISSOURI</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>NONE</b>	

22. I hereby certify that I attended the deceased from SEPT. 2, 1955 to OCT. 5, 1955, that I last saw the deceased alive on OCT. 5, 1955 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert A. Tracy</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>BELTON, MISSOURI</b>		23c. DATE SIGNED <b>10-7-1955</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>10-7-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>10-10-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.K. George &amp; Sons, Belton, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Richard E. Hearge

Licensed Embalmer No. 3958

P. O. Address Bella, 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.