

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17235

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5911 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Perry</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> <u>0791</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Twp.</u>		c. CITY OR TOWN <u>Perryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>327 N. Magnolia St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>Edward</u> c. (Last) <u>Grimaud</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1956</u>					
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1934</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Serviceman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Carlos Grimaud</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Klump</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. 12-6-55 to 5-4-56</u>	16. SOCIAL SECURITY NO. <u>496-34-9962</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Janet Perryville, Mo.</u>	ADDRESS <u>Perryville, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH SEAL CORONER of Perry County Mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured neck</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Crushed Chest</u> DUE TO (b) <u>impact collision</u> DUE TO (c) <u>impact collision</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>079</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline Twp Perry MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 4, 1956 1:15 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>IMPACT-Collision (Car & Truck)</u>

22. I hereby certify that I attended the deceased from Coroner of Perry County, Mo. to Coroner of Perry County, Mo. that I last saw the deceased alive on Coroner of Perry County, Mo. and that death occurred at 1:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Om Wiedeman</u> <u>3</u> (Degree or title) Coroner of Perry County, Mo.	23b. ADDRESS <u>Perryville Mo</u>	23c. DATE SIGNED <u>4/4/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>5-5-56</u>	REGISTRAR'S SIGNATURE <u>Josef Zeller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

510

MAY 22 1953

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.....
Signature of Student Embalmer

Signed..... *Walter Young*

Licensed Embalmer No. *402*.....

P. O. Address *Perryman*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.