FILED JAN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42158
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes X No ☐	c. CITY OR TOWN Hannibal — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) 3301 Market St. Long's Rest Home — Length of stay in lb 55 yrs.	d. STREET ADDRESS (If outside, give location) 3301 Market St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First PAULINE Middle ANNA Last GRIMM

4. DATE OF DEATH: Month 12 Day 24 Year 56

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 11, 1878

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Palmyra, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mathew Grimm

14. MOTHER'S MAIDEN NAME: Emma Englehardt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --------

17. INFORMANT: John Henry Grimm, Mark Twain Hotel, Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arterio sclerosis — 5 yr

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-7-56, to 12-24-56 and last saw her alive on 12-24-56. Death occurred at 2:00P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Hardesty M.D.

22b. ADDRESS: Hannibal Mo

22c. DATE SIGNED: 12-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-27-56

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county) (State): Palmyra, Missouri

24. FUNERAL DIRECTOR ADDRESS: Jack Schwartz - Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.: Dec 28-1956

26. REGISTRAR'S SIGNATURE: Dr E M Lucke By Mr C Fisher

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED JAN 2 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address Hamilto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.