

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42367

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>10-days</u>	c. CITY OR TOWN <u>Hughesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>081</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>Ray</u> c. (Last) <u>Grimes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-1956</u>
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 21 1907</u> 9. AGE (In years last birthday) <u>49</u> 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) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>D Longwood Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John A. Grimes</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Barrick</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Helen 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Helen Grimes Hughesville 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebring the brain</u>		
	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 Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>5810</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-20, 1956, to 12-24, 1956, that I last saw the deceased alive on 12-21, 1956, and that death occurred at 10:55A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Stauffer, M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>12-24-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>

DATE REC'D BY LOCAL REG. <u>12-24-56</u>	REGISTRAR'S SIGNATURE <u>Levin O. Long Dept.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore LaMonte Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

251

APR 12 1957

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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.....  
Signature of Student Embalmer

Signed *Paul M. Moore*

Licensed Embalmer No. *392*  
P. O. Address *So. Route 7*

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.