

FILED APR 15 1957

## STANDARD CERTIFICATE OF DEATH

82883

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mississippi</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Gulfport</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Medical Center for Federal Prisoners</b>		d. STREET ADDRESS (If outside, give location) <b>Box 542, Station A</b>	
Length of stay in <b>109 Days</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Clarence</b> Last <b>Grimes</b>			4. DATE OF DEATH Month <b>April</b> Day <b>10</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 24, 1905</b>
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Varied</b>	11. BIRTHPLACE (City and state or country) <b>Gulfport, Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>W. M. Grimes</b>	
14. MOTHER'S MAIDEN NAME <b>Mary Thompson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>FILE: MCFP Springfield, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Tongue with Metastases</b>			<b>11 Months</b>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			19. WAS AUTOPSY PERFORMED? <b>141X</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) *****
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>December 22, 1956 to 4-10-57</b> and last saw <b>him</b> alive on <b>4-10-57</b> Death occurred at <b>4:52</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. C. RINCK, M.D.</b> <i>E. C. Rinck</i>		22b. ADDRESS <b>Medical Center for Federal Prisoners, Springfield</b>	22c. DATE SIGNED <b>4-10-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-11-57</b>	23c. NAME OF CEMETERY OR CREMATORY _____	23d. LOCATION (City, town, or county) (State) <b>Gulfport, Mississippi</b>
24. FUNERAL DIRECTOR <b>AYRE-GOODWIN, Inc. Springfield</b>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>4-11-57</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>

100-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed

*Levin T. Swadley*

Licensed Embalmer No. 48

P. O. Address

*Levin*

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.