

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9601

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 187

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>Saline</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sweet Springs</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		STREET ADDRESS (If rural, give location) <u>113 DAISSY AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Archie</u>		a. (First) <u>Archie</u> b. (Middle) <u>Grimes Sr</u> c. (Last) <u>Grimes Sr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1957</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>MAY 7 1892</u>
9. AGE (In years last birthday) <u>64</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. National Shoe Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Houston TX Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Walton Grimes</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Eys Kine</u>	
14. NAME OF HUSBAND OR WIFE <u>Lola Grimes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-01-3711</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lola Grimes</u>		ADDRESS <u>Sweet Springs, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 da.</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute left heart failure</u>	
DUE TO (c) <u>Cardiac asthma</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	
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>4342</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>2-12</u> , 19 <u>57</u> , to <u>3-30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>57</u> , and that death occurred at <u>9:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo</u>	
23c. DATE SIGNED <u>4-1-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs MO</u>	
DATE REC'D BY LOCAL REG. <u>4-1-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar A. Moulby</u>		ADDRESS <u>Sweet Springs Mo</u>	

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

541

21112

APR 28 1958

APR 18 1957

JUL 3 1957

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 *Edgar L Mosley*
Licensed Embalmer No. *4711*
P. O. Address *Sweet Springs*

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.