

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

State File No. 20447

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 9013		Registrar's No. 55			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY OR TOWN <u>Jamezport</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3, South</u>				9310	
3. NAME OF DECEASED (Type or Print) <u>GRANT</u>			a. (First)		b. (Middle) <u>B.</u>		c. (Last) <u>GRUMBINE</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>June 15 1957</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 24-1879</u>		9. AGE (In years, last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hastings, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Henry Grumbine</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Alice Yessner</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Grumbine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Levi Grumbine</u>				ADDRESS <u>Jamezport, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				DUE TO (b) <u>Generalized atherosclerosis</u>				<u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Chronic cholelithiasis</u>				<u>5 yrs</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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		4201			
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>6-7</u> , 19 <u>57</u> , to <u>6-15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-15</u> , 19 <u>57</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B F Wetherston M.D.</u>				(Degree or title)		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>17 June 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge Mo.</u>		770.	
DATE REC'D BY LOCAL REG. <u>June 17-57</u>		REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry J. ...</u>		ADDRESS <u>...</u>			

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

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 *P. L. Roberson*.....
Licensed Embalmer No. *3244*
P. O. Address *Jamesport*.....

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.