FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30555
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 59

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1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BLACK CREEK — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RURAL ROUTE SHELBYVILLE — Length of stay in Ib: ——

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SHELBY
c. CITY OR TOWN: SHELBYVILLE — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RURAL ROUTE — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CLARENCE Middle: GENE Last: GRUBB

4. DATE OF DEATH Month: Aug Day: 10 Year: 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: APRIL 1, 1940

9. AGE (In years last birthday): 17 — 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): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: LABOR

11. BIRTHPLACE (City and state or country): BUCHANAN COUNTY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ENNIS GRUBB

14. MOTHER'S MAIDEN NAME: PAULINE WILLIAMS

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

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT Address: ENNIS GRUBB SHELBYVILLE 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) Fractured Sternum Punctured Left Ventricle — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Farm tractor accident
DUE TO (c) Inquest deemed unnecessary 9121

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

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

20c. TIME OF INJURY Hour, Month, Day, Year: 10:00 a.m. p.m. 8/10/57 102

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.): Farm

20f. CITY, TOWN, OR LOCATION 4 mi. W. Shelbyville — COUNTY — STATE: Mo

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Coroner 3

22b. ADDRESS: Bethel, Missouri

22c. DATE SIGNED: 8/12/57

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

23b. DATE: AUG-12-1957

23c. NAME OF CEMETERY OR CREMATORY: IOOF CEMETERY

23d. LOCATION (City, town, or county) (State): SHELBYVILLE, MO.

24. FUNERAL DIRECTOR: THOMPSON-GREENING — ADDRESS

25. DATE RECD. BY LOCAL REG.: 8-15-57

26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Tree

Licensed Embalmer No. 46

P. O. Address Claren

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.