

Health,
& Welfare
S. Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029648

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 200 Primary Registration District No. 4313 Registrar's No. 57

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmer 6610		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Elmer 0610		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ivy Middle H. Last Grubbs				4. DATE OF DEATH Month July Day 27 Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 29 1884		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 7 Days 28 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miller & Business Man			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Thomas L. Grubbs			13b. MOTHER'S MAIDEN NAME Condace Welch			14. NAME OF HUSBAND OR WIFE Jennie Grubbs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Jennie Grubbs Elmer Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Old Heart Failure 443X DUE TO (c) Chronic Pulmonary Edema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Atherosclerosis & Hypertension							INTERVAL BETWEEN ONSET AND DEATH 30 Men		
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.) 2						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Oct 16-56 to July 27 and last saw her July 27-58 Death occurred at 6-30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) O. L. Woodward Sr				22b. ADDRESS Chariton Mo				22c. DATE SIGNED 8-22-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 29 1958		23c. NAME OF CEMETERY OR CREMATORY Chariton		23d. LOCATION (City, town, or county) (State) Macon County Mo			
24. FUNERAL DIRECTOR H. H. McCallum ADDRESS South Gifford Mo				25. DATE RECD. BY LOCAL REG. 8/22/58		26. REGISTRAR'S SIGNATURE Patricia McNeely			

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County File No. 8-28-58
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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 *J. W. McCallum*

Licensed Embalmer No...2052.....

P. O. Address...South Gifford Mo

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.