

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035616

STATE FILE NUMBER

7124-57  
FILED NOV 3 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

609

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp,</b>		Length of stay in 1b <b>6Hrs</b>	d. STREET ADDRESS (If outside, give location) <b>0124 Poplar Bluff Hosp</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Patrica</b> Middle <b>Diann</b> Last <b>Grills</b>			4. DATE OF DEATH Month <b>10</b> Day <b>11</b> Year <b>58</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-10-58</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>6</b> Days <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>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Butler, Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Junior Jerry Grills</b>		13b. MOTHER'S MAIDEN NAME <b>Juanita Grills</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>Junior Grills, R#1 Fisk, Mo.</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) <i>Premature</i> DUE TO (b) <i>Chromosome Abnor.</i> DUE TO (c) <b>776X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 <b>10</b> Month <b>10</b> Day <b>11</b> Year <b>58</b> a.m. <b>5</b> 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>10-10-58</b> to <b>10-10-58</b> and last saw her alive on <b>10-10-58</b> Death occurred at <b>1:05 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>David N. Miller, M.D.</i>			22b. ADDRESS		22c. DATE SIGNED <b>10-21-58</b>
23a. BURIAL, CREMATION, REMOVAL, etc. <b>Buried</b>		23b. DATE <b>10-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shain Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Co. Mo.</b>
24. FUNERAL DIRECTOR <i>J.C. Tsch...</i>		ADDRESS <b>Fisk, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10/25/58</b>	26. REGISTRAR'S SIGNATURE <i>D. Mueller</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

RECEIVED

OCT 28 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

*Not Embalmed*

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.