

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022266

FILED VS. JUN 16 1960

27

Primary Registration District No. 3000-

Registrar's No. 74

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler			Length of stay in 1b		c. CITY OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 East Ft Scott St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 206 E Ft Scott St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jesse Middle D. Last Grimes				4. DATE OF DEATH Month May Day 28 Year 1960			
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer -retired		10b. KIND OF BUSINESS OR INDUSTRY St Clair Co Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Stephen D Grimes			13b. MOTHER'S MAIDEN NAME Mary N Curry		14. NAME OF HUSBAND OR WIFE Maude Grimes		
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. 497 40 4968		17. INFORMANT Merlin Grimes-Amoret Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Dementia							1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Chronic nephrosclerosis							2 yrs.
DUE TO (c) Acid. arteriosclerosis.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post-CVA hemiplegia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) None			
20c. TIME OF INJURY Hour None Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1953 to 5/28/60 and last saw him alive on 5/27/60 Death occurred at 8:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Douglas L. Rowland MD				22b. ADDRESS Butler Mo.		22c. DATE SIGNED 5/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/31/60	23c. NAME OF CEMETERY OR CREMATORY Oakhill		23d. LOCATION (City, town, or county) Butler Mo		
24. FUNERAL DIRECTOR Culver Underwood-Butler Mo				25. DATE RECD. BY LOCAL REG. May 31-1960		26. REGISTRAR'S SIGNATURE Russell Perry	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4002

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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert S. Stunbeck

Licensed Embalmer No. 4657
P. O. Address Butler, Pa.

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.

[Handwritten scribbles and markings]
0291-12 4002