

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042638

VS NOV 30 1960

Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Township		Length of stay in lb 30 years		a. STATE Missouri b. COUNTY Lafayette		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm 3 miles south west Wellington.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Wellington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS 3 miles s/w Wellington				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First WALDA		Middle LESSETTA		Last GRUMKE		Month November Day 17, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/25/1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Dutzow, Mis souri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Otto Hinnah			13b. MOTHER'S MAIDEN NAME Ida Juhnke		14. NAME OF HUSBAND OR WIFE Theo. Grumke			
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 Mr. Theo. Grumke Wellington, Missouri				
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) Coronary Thrombosis						15 min		
DUE TO (b) Arteriosclerotic heart disease						6 years		
DUE TO (c) Arteriosclerosis & Diabetes Mellitus						12 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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.)				
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year							
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.) 4-9-51		20f. CITY, TOWN, OR LOCATION 11-17-60		COUNTY		STATE	
21. I attended the deceased from 4-9-51				and last saw ^{her} 11-16-60 alive on		11-16-60		
Death occurred at 1:00A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Walter Emburster</i>				(Degree or title)		22b. ADDRESS Wellington, Mo.		
22c. DATE SIGNED 11-22-60								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/19/1960	23c. NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery		23d. LOCATION (City, town, or county) Wellington, Missouri		(State)		
24. FUNERAL DIRECTOR J. C. Sheppard Wellington, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 11-28-1960	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. Clark Lippard

Licensed Embalmer No. 4179

P. O. Address Wilmington, N.C.

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.