

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 20

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u> | | d. STREET ADDRESS (If rural, give location) <u>606 S. 10th Street</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>606 S. 10th Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> | b. (Middle) <u>Edward</u> | c. (Last) <u>Grimm</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 4, 1881</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Painter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>House & Interior</u> | 11. BIRTHPLACE (State or foreign country) <u>Plattsmouth, Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Herman H. Grimm</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Irene Grimm</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>487-14-9094</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harry Grimm</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Failure</u> | | <u>Unknown</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Heart Disease</u> | | <u>Unknown</u> |
| | DUE TO (c) <u>Essential Hypertensive</u> | | <u>Unknown</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 11-1 1952, to 1-4-53, 1953, that I last saw the deceased alive on 1-4-, 1953, and that death occurred at 6:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Sharon E. Higgins MD</u> | 23b. ADDRESS <u>301 Illinois Ave. So. St. Joseph, Missouri</u> | 23c. DATE SIGNED <u>1-6-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 6, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 9, 1953</u> | REGISTRAR'S SIGNATURE <u>Carl C. Castelli</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer & Fleeman</u> | ADDRESS <u>St. Joseph, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

0117

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
Student Embalmer

****: *****

Signed Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.