

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015221

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 209

5. 300
1. -57

0804

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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia <u>0804</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 39 yrs.	d. STREET ADDRESS (If outside, give location) 2101 East Broadway Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LUCY Middle H. Last GRINSTEAD			4. DATE OF DEATH Month April Day 19 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1889
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Longwood, Missouri <u>0</u>
13a. FATHER'S NAME Francis M. Miller		13b. MOTHER'S MAIDEN NAME Louise Howe	14. NAME OF HUSBAND OR WIFE Abner E. Grinstead
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give branch and service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Ernest Grinstead, 700 North Prospect Sedalia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Stenosis. Over three weeks. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardio-Vascular Disease-Hypertension. Since Nov. 30th, 1957. DUE TO (c) Senility. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None other.			INTERVAL BETWEEN ONSET AND DEATH 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour None. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> None.	
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 Nov. 30th, 1957 to April 19th, 1958 and last saw her alive on April 19th, Death occurred at 5.45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D.		22b. ADDRESS No. B. Carlisle, Sedalia, Missouri.	22c. DATE SIGNED 4-21-58
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE 4/22/58	23c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	23d. LOCATION (City, town, or county) (State) Longwood, Missouri
24. FUNERAL DIRECTOR Francis Shelby		ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 4-22-1958
26. REGISTRAR'S SIGNATURE Francis Shelby			

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 *Donald K. Bellinger*

Licensed Embalmer No. *4992*

P. O. Address *Sedalia, 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.