

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 14

FILED FEB 13 1940

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Edwards Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 652

8. (a) PRINT FULL NAME DELLA GRIMSLEY

8. (b) If veteran, name war _____ 8. (c) Social Security No. 500-70-7958

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Oscar Grimsley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March - 28 - 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Virgil City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name (unknown) Grace
13. Birthplace (unknown)
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Grimsley
(b) Address Edwards Springs, Mo.

17. (a) Burial (b) Date thereof Feb. 9 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Springs, (con)

18. (a) Signature of funeral director Winters - Siders
(b) Address Edwards Springs, Mo 157

19. (a) Feb. 9 - 1940 (b) Winters
(Date received at registrar) (Registrar's signature)

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Edwards Springs, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 223 W Gay
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1940 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb. 6 1940 to Feb. 7 1940
that I last saw her alive on Feb. 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema, Acute Duration 1 day

Due to Bronchial Pneumonia ?

Due to Influenza (probable) ?

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations ||| Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. J. Mc Gee (M. D. or other) _____
Address Edwards Springs Date signed 7/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

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 this body is not embalmed, above space should be left blank.