

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 526

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Carrollton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 W. Heidle</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>MARY ELLEN GRIMES</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 9, 1858</u>	
9. AGE (In years last birthday) <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Wm Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mariah Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Grimes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Grimes</u>		ADDRESS <u>Carrollton, Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gangrene of feet</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>450</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>46</u> , to <u>Jan 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>49</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Platt</u>				23b. ADDRESS (Degree or title) <u>M.D. O</u> <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>1-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/30/49</u>		REGISTRAR'S SIGNATURE <u>Mr. Verber Cabert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>45</u> <u>Stanley Gibson</u>		ADDRESS <u>Carrollton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-10-49

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 \_\_\_\_\_

Wm R Koch

Student Embalmer No. 242

working under my personal supervision.

Student William R Koch  
Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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 this body is not embalmed, fact should be so stated above.