No. 300
10.48

61

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

FILED JUL 12 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20228

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57 VS Registrar's No. 66

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon Huds R.R.
c. LENGTH OF STAY (in this place): 3y 10m 7d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still-Hildreth San

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce City Mo 55
d. STREET ADDRESS (If rural, give location): 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sarah
b. (Middle): Jane
c. (Last): Grimes

**4. DATE OF DEATH** (Month) (Day) (Year): 7 7 49

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Jan. 10, 1872
**9. AGE** (In years last birthday): 77
IF UNDER 1 YEAR: Months 5 Days 27
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Sarcoxie, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: John C. Powell
**13b. MOTHER'S MAIDEN NAME**: Fannie Appleby
**14. NAME OF HUSBAND OR WIFE**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Lloyd E. Grimes
ADDRESS:

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senile Dementia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 334X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* Sept 30, 1945, *to* July 7, 1949, *that I last saw the deceased alive on* July 7, 1949, *and that death occurred at* 1:45 am., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Anna L. Mauck (Degree or title): D.O.
**23b. ADDRESS**: Macon Mo
**23c. DATE SIGNED**: 7-7-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 7/8/49
**24c. NAME OF CEMETERY OR CREMATORY**: —
**24d. LOCATION** (City, town, or county) (State): Pierce City Mo.

DATE REC'D BY LOCAL REG.: 7-9-49
REGISTRAR'S SIGNATURE: Ruth McNeely
**25. FUNERAL DIRECTOR'S SIGNATURE**: Albert Kimmel
ADDRESS: Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 7-49-
Date Filed JUL 1 1 1949

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 Kinnes

Licensed Embalmer No. 757

P. O. Address Macon Mc

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.