

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22386

State File No.

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>	
c. LENGTH OF STAY (In place) <u>292</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>GRIMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 29 - 1888</u>	9. AGE (In years last birthday) <u>61</u>	UNDER 1 YEAR: Months <u>2</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED R.R. EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>		11. BIRTHPLACE (State or foreign country) <u>FOR ESTAL ILL</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM W. GRIMES</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LEONA GRIMES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-16-0094</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROY ARTHUR</u> ADDRESS <u>2300A</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, South 10th St. Louis, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ray pneumonia</u>		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-16, 1949, to 5-29, 1949, that I last saw the deceased alive on 5-29, 1949, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Foreman M.D.</u>		23b. ADDRESS <u>Piedmont Mo.</u>		23c. DATE SIGNED <u>5-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RACIAL</u>		24b. DATE <u>MAY 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MILLS SPRING</u>	
24d. LOCATION (City, town, or county) (State) <u>MILLS SPRING, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Foreman W. Rich</u> ADDRESS <u>Piedmont</u>			
DATE REC'D BY LOCAL REG. <u>May 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Suile E. Piles</u>		340	

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

11
1
0

JUN 28 1949

JUN 25 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.....

me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Marvin E. Bawler

Licensed Embalmer No.

4426

P. O. Address

Piedmont, N.C.

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.