

FILED AUG 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25812

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 23

1. PLACE OF DEATH:
 a. COUNTY **Stoddard**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Puxico**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

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

3. NAME OF DECEASED
 a. (First) **Emma** b. (Middle) **J,** c. (Last) **Grimsley**
 4. DATE OF DEATH (Month) (Day) (Year) **7 4 1949**

5. SEX **F** / 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Widow**
 8. DATE OF BIRTH **June 1 1862** 9. AGE (In years last birthday) **87** # UNDER 1 YEAR Months **1** # UNDER 1 DAY Days **4** # UNDER 1 HOUR Hours **0** # UNDER 1 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Work**
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **Hillboro Illinois**
 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Jacob Neeley** 13b. MOTHER'S MAIDEN NAME **No Data** 14. NAME OF HUSBAND OR WIFE **Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO.
 17. INFORMANT'S SIGNATURE OR NAME **Ed McLane** ADDRESS **Puxico Missouri**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) **Senility**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH **194X**

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) (Minute) 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 **6**, 19**45**, to **7-4**, 19**49**, that I last saw the deceased alive on **7-4**, 19**49**, and that death occurred at **8:10A** m., from the causes and on the date stated above.

23a. SIGNATURE **D. S. Kellogg, D.O.** (Degree or title) 23b. ADDRESS **Puxico** 23c. DATE SIGNED **7-7-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 6 49** 24c. NAME OF CEMETERY OR CREMATORY **Puxico** 24d. LOCATION (City, town, or county) (State) **Puxico Missouri**

DATE REC'D BY LOCAL REG. **7-10-49** REGISTRAR'S SIGNATURE **Floyd Morgan** 25. FUNERAL DIRECTOR'S SIGNATURE **Watkins Service** ADDRESS **Puxico Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG '6194
District Health Office No.
District File Number 842784
Date Filed _____

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 _____

Licensed Embalmer No. 4701

P. O. Address Dexter 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.