

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

FILED NOV 18 1949

State File No. **36294**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5109** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crooked Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crooked Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Lutesville, Mo. Rural	

3. NAME OF DECEASED (Type or Print) Fernando Hood Grimsley			4. DATE OF DEATH (Month) (Day) (Year) 11 5 49		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/24/1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Elizabethtown, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carolina Robins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Miller, Lutesville, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH H/20
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranial Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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 None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22: I hereby certify that I attended the deceased from 10/2/48, 19, to 11/1/49, 19, that I last saw the deceased alive on 11/1/49, 19, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) John J. Myers, M.D.	23b. ADDRESS Lutesville, Mo.	23c. DATE SIGNED 11/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/7/49	24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery	24d. LOCATION (City, town, or county) (State) Bollinger, Missouri
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DATE REC'D BY LOCAL REG. Nov. 10 1949	REGISTRAR'S SIGNATURE Willie Crawford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cozy Shethy, Lutesville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

11-16-49

Office No. 4
File Number 1149-1510
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 Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.