

FILED MAY 14 1950
Dr Callahan

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13979**

BIRTH NO. <u>770</u>		REG. DIST. NO. <u>4403</u>		PRIMARY REG. DIST. NO. <u>4403</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Remick</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>			
b. CITY OR TOWN <u>Steele</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY OR TOWN <u>Steele</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Grimes</u> c. (Last) <u>Grimes</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-50</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-3-1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 48 HRS Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Waynesboro Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dach Horton</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>RE Grimes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>RE Grimes</u>		ADDRESS <u>Steele mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u>	ANTECEDENT CAUSES					<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial failure</u>					<u>years</u>	
DUE TO (c) <u></u>	II. OTHER SIGNIFICANT CONDITIONS					<u>522X</u>	
Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION	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) m.	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>August 1949</u> , to <u>4/2 1950</u> , that I last saw the deceased alive on <u>4/2 1950</u> , and that death occurred at <u>8:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Callahan</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Steele, mo</u>		23c. DATE SIGNED <u>5/1/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>		24d. LOCATION (City, town, or county) (State) <u>mo</u>			
DATE REC'D BY LOCAL REG. <u>5-3-50</u>	REGISTRAR'S SIGNATURE <u>S. R. O'Rourke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Zandt Co Steele, mo</u>				

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

0780-1

5-50.133

Pemiscot County Health Depart

MAY 8 REC'D

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 _____
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed *John St. German*
Licensed Embalmer No. *4355*
P. O. Address *Hayti, 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.