

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21178

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 4412		Registrar's No. 34			
1. PLACE OF DEATH a. COUNTY Pike.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Curryville, Mo.		c. LENGTH OF STAY (In this place) 65		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Curryville, Missouri. 0878					
d. FULL NAME OF HOSPITAL OR INSTITUTION Curryville, Mo.				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Georgia		a. (First)		b. (Middle) Anna		c. (Last) Grimmett			
4. DATE OF DEATH		(Month) June		(Day) 19		(Year) 1950			
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July, 12, 1884			
9. AGE (In years last birthday) 65		10. MONTH 11		11. DAY 7		12. IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Calloway, Co., Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George A. Alls,		13b. MOTHER'S MAIDEN NAME Martha Alls.		14. NAME OF HUSBAND OR WIFE Benjiman F. Grimmett.					
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 Ralph W. Grimmett		ADDRESS Alton, Ill.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Nervous Injury				ANTECEDENT CAUSES				2 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral thrombosis				DUE TO (c)				3 1/2 x	
11. OTHER SIGNIFICANT CONDITIONS				Arterial fibrillation				3 months	
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 Jan 1950, to 6/19, 1950, that I last saw the deceased alive on 6/18, 1950, and that death occurred at 5:00A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Fred M. Hunter, M.D.				23b. ADDRESS Bowling Green, Mo.		23c. DATE SIGNED 6-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-50		24c. NAME OF CEMETERY OR CREMATORY Curryville Cemetery.		24d. LOCATION (City, town, or county) (State) Curryville, Mo.			
DATE REC'D BY LOCAL REG. 6-21-50		REGISTRAR'S SIGNATURE 254 Bill Robinson		25. FUNERAL DIRECTOR'S SIGNATURE Wilbey & Bickhoff		ADDRESS Nandalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 26 196  
District Health Officer No  
District File Number 6-510-  
Date Filed JUN 26 196

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 Embalmer No.....

Signed.....  
Student Embalmer

Signed *Clyde C. Wilkey*

Licensed Embalmer No. *3828*

P. O. Address *Perry 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.