

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39733**

FILED DEC 22 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>ANDRAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - SO. FORK TWP.</u> 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ANDRAN CO. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1, PERRY, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AVORY</u> b. (Middle) <u>BOHON</u> c. (Last) <u>GRIMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 24, 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Days <u>3</u> IF UNDER 11 HRS. Mins. <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>GRANVILLE P. GRIMES</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED GYNN</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE GRIMES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RALPH BRIDGFORD, SANTA FE, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inoperable Carcinoma of Stomach &amp; Tongue with metastasis.</u> DUE TO (c) <u>Secondary anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>2 yrs</u> <u>2 yrs</u> <u>141X</u>	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 12/5, 1950, to 12/11, 1950, that I last saw the deceased alive on 12/11, 1950 and that death occurred at 4:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Swyer, M.D.</u>		23b. ADDRESS <u>MEXICO, MO.</u>		23c. DATE SIGNED <u>12/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>Dec. 13 1950</u> REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed &amp; Blakey,</u>				ADDRESS <u>PARIS, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-  
Date Filed:

DEC 19 1950

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. *2616*

P. O. Address *PARIS, 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.