

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11691

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5130		Registrar's No. 430	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural: Rush Twsp)		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117		d. STREET ADDRESS (If rural, give location) 6209 Pryor Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/4 mile west of highway #71 south of St. Joseph, Mo.							
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) E c. (Last) GRIME			4. DATE OF DEATH (Month) (Day) (Year) April 17 1951				
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH January 4, 1918	
9. AGE (In years) (last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		11. BIRTHPLACE (State or foreign country) Sumner, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Grime			13b. MOTHER'S MAIDEN NAME Daisy Swaim		14. NAME OF HUSBAND OR WIFE Bernice Grime		
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. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Grime, 6209 Pryor Ave. St. Joseph, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Crushing injuries of right chest and back</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Chest and back</i> DUE TO (c) <i>Man suffered fatal injuries when the tractor he was driving on a farm turned over pinning him under the tractor on the ground</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <i>1913</i> 3 <i>1 day</i>
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) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Washington Buchanan, Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>April 17-1951 4:30 P.M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Tractor turned over on him</i>			
22. I hereby certify that I attended the deceased from on <i>4/17, 1951</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:30 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. F. Mundy M.D. Coroner</i>			23b. ADDRESS <i>St. Joseph, Mo.</i>		23c. DATE SIGNED <i>4/17/51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/19/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>	
DATE REC'D BY LOCAL REG. <i>April 21, 1951</i>		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Heaton-Brown Funeral Home - St. Joseph Mo.</i> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

31-1-10

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 *V. C. Embalmer*

Licensed Embalmer No. 4741

P. O. Address: 3105 W. 10 St. St. Louis, 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.