

FILED JUN. 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19211

State File No.

BIRTH NO. 34816-51 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> OR TOWN <u>1082</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Nevada City Hospital</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sharon</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Grimsley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 21, 1951</u>	9. AGE (In years last birthday) <u>6</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTH PLACE (State or foreign country) <u>Nevada, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bill Grimsley</u>	13b. MOTHER'S MAIDEN NAME <u>Phyllis Jones</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bill Grimsley</u> ADDRESS <u>El Dorado Spgs. Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>751X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malformation (spina bifida)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Low genital</u> DUE TO (b) 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	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) (Min.)	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 May 21, 1951, to May 26, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. King, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>5-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-28-1951</u>	REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arma E. Ferry</u> ADDRESS <u>El Dorado Spgs. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 5 1951

Dist. File 657-9261

Date Filed 6-3-51

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 Max W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs,

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.