

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22520

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>99</u>			
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		<u>0270</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>Augusta Stegner</u>		c. (Last) <u>Grimes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3 1951.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22 1919</u>		9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fred C. Stegner</u>			13b. MOTHER'S MAIDEN NAME <u>Tillie Toellner.</u>		14. NAME OF HUSBAND OR WIFE <u>Jerry Grimes.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-12-7912</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Grimes, Boonville, Missouri.</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>201x</u>						20. AUTOPSY? YES <input checked="" 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) (Min.)		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>April, 1950, to 3 Aug., 1951</u> , that I last saw the deceased alive on <u>2 Aug., 1951</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wg. Paine</u> (Degree or title) <u>M</u>				23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>8/3/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Billingsville</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller</u>		ADDRESS <u>Boonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1961 67 900

RECEIVED

8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-7-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. H. Goodman
Licensed Embalmer No. 1178

P. O. Address Boonville, 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.