

FILED OCT 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. **32787**
 BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway		
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (In this place) 52 years	c. CITY (If outside corporate limits, write RURAL and give township) Fulton (In City Limits)		d. STREET ADDRESS (If rural, give location) R.F.D. # 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If rural, give location) R.F.D. # 3		
3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) Mike	c. (Last) Grimm	4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER FORCED Married	8. DATE OF BIRTH Aug. 4, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR 2 Years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Alton, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mike Grimm		13b. MOTHER'S MAIDEN NAME D.K.		14. NAME OF HUSBAND OR WIFE Ida Lee Grimm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Mike Grimm Fulton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident Cerebral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Arterio-sclerosis of the cerebral arteries 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			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) 334X			
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 Sept 14, 1951 , to Oct 10, 1951 , that I last saw the deceased alive on Oct 10, 1951 , and that death occurred at 5:50 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. N. Jones M.D.			23b. ADDRESS Fulton Mo.		23c. DATE SIGNED 10/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens	24d. LOCATION (City, town, or county) (State) Fulton, Mo		
DATE REC'D BY LOCAL REG. Oct. 10, 1951	REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 15 1951

RECEIVED

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

Russell C. Maag

Licensed Embalmer No. *4804*

P. O. Address *Fulton, 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.