

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34683

State File No.

FILED NOV 13 1951

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3056

Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jacksonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 3 mo.		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Webster's Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Marion c. (Last) Grimes			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Jan. 13, 1875
9. AGE (In years) (Months) (Days) 76 9 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	
10b. KIND OF BUSINESS OR INDUSTRY Produce Co.		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis Marion Grimes		13b. MOTHER'S MAIDEN NAME Addie McBride	14. NAME OF HUSBAND OR WIFE ---
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs Metz Cherry
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) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 4 2 2 2	
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)
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 Oct 12, 1951, to Oct 19, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 12:30pm., from the causes and on the date stated above.			
23a. SIGNATURE Chas. M. Mason		23b. ADDRESS Macon, Mo.	23c. DATE SIGNED 10/20/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/19/51	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery
24d. LOCATION (City, town, or county) (State) Fayette, Mo			
DATE REC'D BY LOCAL REG. 10/20/51	REGISTRAR'S SIGNATURE Pearl Velez	25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr	
		ADDRESS Fayette, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
old delayed few letters here

Date Received: NOV 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1973
Date Filed: NOV 8 1951

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 _____

Ralph A. Carr

Licensed Embalmer No. 3340

Signed.....
Student Embalmer

P. O. Address *Fayette 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.