

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40808

FILED DEC 28 1951

State File No. 53179
Registrar's No. 5320

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>D1D4</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>N</u>		c. LENGTH OF STAY (in this place) <u>2 WK.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex Bluff</u> <u>1030</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) <u>Ilene</u> c. (Last) <u>Grim</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> <u>11</u>	8. DATE OF BIRTH <u>Feb. 21, 1930</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Bernie, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. T. Grim</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Newell</u>		14. NAME OF HUSBAND OR WIFE <u>singel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Grim</u> ADDRESS <u>Essex, Mo.</u>			
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>Catal thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Peritonitis</u> DUE TO (c) <u>Ruptured ovarian cyst with Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>216 X</u>			20. AUTOPSY? YES <input 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) 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 <u>12-12, 1951</u> , to <u>12-13, 1951</u> , that I last saw the deceased alive on <u>12-13, 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>W. H. ...</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>12-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R. 1</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 16 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u> ADDRESS <u>Dexter, Mo.</u>		

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

RECEIVED
DEC 26 1951

BUTLER CO. HEALTH CENTER
FILE No. 1251-863

70310 612

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 Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.