

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42641

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (in this place) 2 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		d. STREET ADDRESS (If rural, give location) 2201 JACKSON	

3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) NANCE c. (Last) GRIMSLEY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAR. 25, 1859	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and State or Foreign Country) JACKSONVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM TANNAHILL	13b. MOTHER'S MAIDEN NAME RACHEL BRUMMEL	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME MAUDE PAGE, 1427 MISSOURI, JOPLIN	ADDRESS JOPLIN
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS		INTERVAL BETWEEN ONSET AND DEATH MANY YEARS
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4222	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) _____	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 Dec 19, 1952, to DEC 21, 1952, that I last saw the deceased alive on DEC 21, 1952, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____	23b. ADDRESS 500 1/2 Main St Joplin	23c. DATE SIGNED 12-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-23-52	24c. NAME OF CEMETERY OR CREMATORY WACO CEMETERY	24d. LOCATION (City, town, or county) (State) WACO, MISSOURI
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DATE REC'D BY LOCAL REG. 12-23-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

192

RECEIVED 12-29-52
Jasper County Health Office

County File Number 52/12/1017

Date Filed 12-29-52

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.