

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u> 1082	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>820 N. Elm Street</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Everett</u> c. (Last) <u>Grimes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2-14-1884</u>		9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days _____	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor of garage</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Nevada, Missouri</u>	
14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie E. Grimes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-32-9249</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie E. Grimes</u> ADDRESS <u>Nevada Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Obesity</u>			<u>7 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____
		DUE TO (c) _____			DUE TO (c) _____

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)		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 11-27, 1945, to 6-12, 1953, that I last saw the deceased alive on 6-12, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Martini M.D.</u> (Degree or title)		23b. ADDRESS <u>Nevada</u>		23c. DATE SIGNED <u>6-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hays</u> ADDRESS <u>Nevada Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-19-53</u>		REGISTRAR'S SIGNATURE <u>Anna E.</u>			

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

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 *Allen V. Hays*

Licensed Embalmer No. *1968*

P. O. Address *Nevada 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.