

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29638

FILED SEP 9 - 1953

3056 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6006</u>		Registrar's No. <u>224</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>2 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cain</u>		OR TOWN <u>Cain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 1 Cain</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIGURD</u> b. (Middle) <u>REYNHART</u> c. (Last) <u>GRINDE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 28 - 1953</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>Aug - 21 - 1886</u>		9. AGE (in years) (Month) (Day) (Hour) (Min.) <u>66</u>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Chief River, Missouri</u>		12. 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>Esther W. Grinde</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>331-07-3741</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jennie Moffett Cain Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unavoidable accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Cuts and R.R. train collided</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104</u> <u>27</u>					INTERVAL BETWEEN ONSET AND DEATH <u>35 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, laundry, street, office bldg., etc.) <u>Rt. 1, crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cain Iowa Randolph Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Cuts and train collided</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>July 28, 1953</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cliff Dally, D.O. Coroner</u>				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>9-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July - 31 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chippewa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Island Illinois</u>		
DATE REC'D BY LOCAL REG. <u>Aug 31 - 53</u>		REGISTRAR'S SIGNATURE <u>Richardson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow</u>		ADDRESS <u>Funeral Home Moberly Mo.</u>	

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

APR 20 1967

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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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.