

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5356

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Troy Twp.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
c. LENGTH OF STAY (In this place) <u>35 Min.</u>		d. STREET ADDRESS (If rural, give location) <u>1400 S. Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edward</u> c. (Last) <u>Grim</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-9-1908</u>	9. AGE (In years less birthday) <u>45</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surgeon</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Extra C. Grim</u>		13b. MOTHER'S MAIDEN NAME <u>Dorthea Foncannon</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Michael</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Grim, Kirksville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Skull Fractures &amp; Crushed Chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 Min. App.</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) <u>Collision of Automobile with Truck</u>	
		DUE TO (c) <u>Skidding on wet pavement.</u>			
		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 <u>Verdict of Coroner's Jury</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>US Hwy #01</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark Twp. Lincoln Co, Missouri</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Mar. 2, 1954 1:20 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Collided with truck.</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:47 P.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Joseph March</u> Coroner (Degree or title) <u>3</u>		23b. ADDRESS <u>Lincoln Co. Missouri 351 Monroe St, Troy, Mo.</u>		23c. DATE SIGNED <u>March 11 1954</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	
		24d. LOCATION (City, town, or county) <u>Kirkville, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>3-13-54</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle '62</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Wigal Fun. Home Kirksville MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1954

JAN 29 1959

MAR 24 1958

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, XXX

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Joseph J. Marsh  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.