

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9354**

FILED MAR 17-1954 - REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>	
c. LENGTH OF STAY (In this place) <b>30 days</b>		06110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>415 Goggin Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Grimshaw</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb? 3, 1954</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept 17, 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR <b>2</b> Months	IF UNDER 4 HRS. <b>16</b> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Adair County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Robert Majors</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Blessing</b>	14. NAME OF HUSBAND OR WIFE <b>Newton Grimshaw</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruby Carre, Des Moines, Iowa</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Colon</b> DUE TO (c) <b>Senile Debility</b>		
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 <b>153 X</b>	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 **July, 1950**, to **Feb 3, 1954**, that I last saw the deceased alive on **Feb 3, 1954**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ruth McNeely</b>	23b. ADDRESS <b>Macon, Missouri</b>	23c. DATE SIGNED <b>2/4/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb. 5, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Macon County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/2/54</b>	REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>	185	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Lester Bram</b>	ADDRESS <b>Macon, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED 3.11.54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 354.37  
Date Filed 3.12.54

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. Lester Brown*

Licensed Embalmer No.

4472

P. O. Address

*Macon, 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.