

Certified SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28376

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neesho Mo</u>		c. LENGTH OF STAY (In this place or township) <u>5 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		d. STREET ADDRESS (If rural, give location) <u>Me</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>Me</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>JEFFERSON</u>			c. (Last) <u>GRIMES</u>	
4. DATE OF DEATH (Month) - (Day) (Year) <u>8-19-54</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>6-27-1904</u>		9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Newton Co. Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Newton Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis Grimes</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McColgin</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn 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>None</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Mrs. Kathryn Grimes Granby</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure, acute</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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				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 <u>March</u> , 19 <u>54</u> , to <u>August 19</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 19</u> , 19 <u>54</u> , and that death occurred at <u>6:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter M. ...</u>				23b. ADDRESS <u>Neesho Mo</u>		23c. DATE SIGNED <u>8-20-</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-54</u>		REGISTRAR'S SIGNATURE <u>Melvin E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. E. ... Granby, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 854-176

Date Filed AUG 30 1954

NEOSHO, MISSOURI

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 Floyd E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.