

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39832

State File No.

FILED DEC 1 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>James Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>815 E. Gladys</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 E. Gladys</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>May</u>	b. (Middle) <u>Imogene</u>	c. (Last) <u>Grigsby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-54</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 30, 1887</u>	9. AGE (In years last birthday) <u>67</u>	Months <u>0</u>	Days <u>6</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 6 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Council Bluffs, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Kingman</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Rice</u>	14. NAME OF HUSBAND OR WIFE <u>A. W. Grigsby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Gold</u> ADDRESS <u>Chicago Ill.</u>
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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, asphyxia, 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) <u>Acute coronary occlusion</u>		<u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) <u></u>		<u>2 yrs?</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>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 10-15, 1954 to 10-15, 1954 that I last saw the deceased alive on 10-15, 1954, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlow M.D.</u>	23b. ADDRESS <u>Sikeston Missouri</u>	23c. DATE SIGNED <u>11-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 19 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-30-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Huater</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u> ADDRESS <u>Sikeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6021 7
1954

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.