

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **567**

FILED JAN 10 1955

BIRTH NO. _____		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 3014		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY P. Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY P. Lawrence			
b. CITY OR TOWN Liberty		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 S. Jewell				STREET ADDRESS (If rural, give location) 307 S. Jewell			
3. NAME OF DECEASED (Type or Print) Wibbiss		a. (First) E.		b. (Middle) GRIMES		c. (Last) GRIMES	
4. DATE OF DEATH		(Month) Jan		(Day) 5		(Year) 55	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 8-1887	
9. AGE (in years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Police		11. BIRTHPLACE (City and State or Foreign Country) Liberty, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Warren Grimes		13b. MOTHER'S MAIDEN NAME Mollie Wilkerson		14. NAME OF HUSBAND OR WIFE Huelle Hines Grimes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-89-7176		17. INFORMANT'S SIGNATURE OR NAME Wibbiss Grimes - Liberty, Mo. ADDRESS _____			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. Several years unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) (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 Aug 19, 1953 , to Jan 5, 1955 , that I last saw the deceased alive on 59 Jan, 1955 , and that death occurred at 6:54 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thibault F. ... (Degree or title)				23b. ADDRESS 10 W. Kansas, Liberty, Mo.		23c. DATE SIGNED 59 Jan 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-8-55		24c. NAME OF CEMETERY OR CREMATORY Fauman		24d. LOCATION (City, town, or county) (State) Kaerny, Mo.	
DATE REC'D BY LOCAL REG. Jan. 7, 1955		REGISTRAR'S SIGNATURE Mabel Graham 491		25. FUNERAL DIRECTOR'S SIGNATURE ... Liberty, Mo. ADDRESS _____			

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

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.....
Signature of Student Embalmer

Signed *John Lumberg*.....

Licensed Embalmer No. *444*.....

P. O. Address *Liberty*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.