

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

10966

State File No. ....

No. 300  
10. 48

FILED APR 28 1955

0090

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5715</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Whitewater</u>		c. LENGTH OF STAY (if in this place) <u>Life</u>		a. STATE <u>Missouri</u>		
b. CITY OR TOWN <u>Rural Whitewater</u>		c. LENGTH OF STAY (if in this place) <u>Life</u>		c. CITY OR TOWN <u>Patton</u>		b. COUNTY <u>Bollinger</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
				STREET ADDRESS (If rural, give location) <u>Whitewater Twp. 8090</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>JOHN</u>			b. (Middle) <u>H.</u>			c. (Last) <u>GRINDSTAFF</u>		
(Type or Print)			(Month) <u>April</u>			(Day) <u>7</u> (Year) <u>1955</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>Feb. 8, 1875</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mts. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Patton, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. - A.</u>			13a. FATHER'S NAME <u>W<sup>m</sup> David Grindstaff</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grindstaff</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Grindstaff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Grindstaff</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive pneumonitis</u>				<u>2 day</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u>				<u>3 weeks</u>		
		DUE TO (c) <u>Hypertensive cardiac infarct during year</u>				<u>year</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Patton (Bollinger) Mo.</u>				
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? <u>443 X</u>				
22. I hereby certify that I attended the deceased from <u>Feb 8, 1955</u> to <u>April 7, 1955</u> , that I last saw the deceased alive on <u>April 5, 1955</u> , and that death occurred at <u>3 A.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Eunice L. Davis, M.D.</u>				23b. ADDRESS <u>2 Lutanville Dr.</u>		23c. DATE SIGNED <u>4-12-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grindstaff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 8, 1955</u>		REGISTRAR'S SIGNATURE <u>William H. Van Overbeek</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W<sup>m</sup> H. Mary</u>		ADDRESS <u>Advance, Mo</u>		

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

JUN 6 1955

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..... *William H Morgan* .....  
Licensed Embalmer No. .... 76

P. O. Address *Adrienne,*

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.