No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34794

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9352

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Colorado b. COUNTY Delta
c. CITY OR TOWN Cedar Edge
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) --

805 8

3. NAME OF DECEASED (Type or Print)
a. (First) ROY b. (Middle) c. (Last) GRUBB

4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1955.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 26, 1894
9. AGE (In years last birthday) 61 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Morgantown, Kentucky,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Grubb
13b. MOTHER'S MAIDEN NAME Susan Taylor
14. NAME OF HUSBAND OR WIFE Myrtle Grubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Myrtle Grubb, Cedar Grove, ADDRESS Colorado

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurism of aorta — INTERVAL BETWEEN ONSET AND DEATH ½ hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease
Arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 451X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1955, *to* OCT. 25, 1955, *that I last saw the deceased alive on* 10-25, 1955, *and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Ireland W. Kimball M.D.
23b. ADDRESS 1515 LAFAYETTE AVE.
23c. DATE SIGNED 10-25-55.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10-26-55
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Delta, Colorado

DATE REC'D BY LOCAL REG. OCT 26 1955
REGISTRAR'S SIGNATURE J Earl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, ADDRESS 4700 Washington.

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Paul A. Wachter

Licensed Embalmer No. 47

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.