S. No. 300
v. 10.48

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7770

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 9

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Stoddard
c. CITY OR TOWN Essex
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1030

3. NAME OF DECEASED (Type or Print)
a. (First) Gary
b. (Middle) Dale
c. (Last) Grim

4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child
8. DATE OF BIRTH March 6, 1956
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child
10b. KIND OF BUSINESS OR INDUSTRY child
11. BIRTHPLACE (City and State or Foreign Country) Essex, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Earl Grim
13b. MOTHER'S MAIDEN NAME Imogene DeJournett
14. NAME OF HUSBAND OR WIFE child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Earl Grim ADDRESS Essex, Mo.

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) Hemorrhage of Brain

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

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7600
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* Mar. 6, 1956, *to* March 6, 1956, *that I last saw the deceased alive on* Mar. 6, 1956, *and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE S.G. Cannon D.O. (Degree or title)
23b. ADDRESS Dexter Mo.
23c. DATE SIGNED 3/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-6-56
24c. NAME OF CEMETERY OR CREMATORY Essex cemetery
24d. LOCATION (City, town, or county) (State) Essex, Mo.

DATE REC'D BY LOCAL REG. 3-7-56
REGISTRAR'S SIGNATURE Lois E. Mooney 510
25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons ADDRESS Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by Was not Embalmed, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mark Watkins

Licensed Embalmer No 4717

P. O. Address Dexter Mo.

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