

FILED JUN 22 1956

XC-1437418

RN 11769

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19740

State File No.

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Dexter	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) 1202 Page	
3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) G. c. (Last) Grinestaff		4. DATE OF DEATH (Month) (Day) (Year) 6/9/56	
5. SEX <input type="radio"/> male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed-MARRIED	8. DATE OF BIRTH 9/26/86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Civil Service	9. AGE (In years last birthday) 69
11. BIRTHPLACE (City and State or Foreign Country) / Tomkinsville, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John N. Grinestaff		13b. MOTHER'S MAIDEN NAME Phena Vaughn	14. NAME OF HUSBAND OR WIFE none GLADYS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI		16. SOCIAL SECURITY NO. 337-12-0358	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records
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 1. 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) DUE TO (c) 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 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) 7, 14 (COUNTY) 157 (STATE) 52		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY VA m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? BY 1. AFFIDAVIT OF Wife 2. DOCUMENT Indiana Bank Co. Marriage Cert. Dated 2-23-1952	
22. I hereby certify that I attended the deceased from May 28 , 1956, to June 9 , 1956, and that death occurred at 4:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE E. D. BASKETT (Degree or title) Med Sv.		23b. ADDRESS VAH, Poplar Bluff, Mo.	
23c. DATE SIGNED 6-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-11-56	
24c. NAME OF CEMETERY OR CREMATORY Hagy		24d. LOCATION (City, town, or county) (State) Near Dexter, Missouri	
DATE REC'D BY LOCAL REG. 6/16/56		REGISTRAR'S SIGNATURE Strickland-Rainey	
25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 18 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

JUL 2 1956

JUL 13 1956

VS AUG 20 1959

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 *Lucille Roney* _____

Licensed Embalmer No. *419*

P. O. Address *Dexter*

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.