

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20331**

| | | | | | | | | | | | |
|---|--|--|--|--|-----------------------------|---|-----------|---|----------------------------|---------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 138 | | PRIMARY REG. DIST. NO. 4220 | | Registrar's No. 61 | | | | | |
| 1. PLACE OF DEATH a. COUNTY Hickory | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO | | | | b. COUNTY Hickory | | | |
| b. CITY OR TOWN Wheatland | | c. LENGTH OF STAY (In this place township) 6 mo. | | c. CITY OR TOWN Wheatland | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) 0430 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) MURTLE | | | a. (First) MAY | | b. (Middle) GRIMSHAW | | c. (Last) | | | | |
| 4. DATE OF DEATH | | (Month) 6 | | (Day) 21 | | (Year) 56 | | | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | | 8. DATE OF BIRTH Sept-2-1874 | | 9. AGE (In years last birthday) 81 | | | |
| Months 9 | | Days 19 | | If UNDER 1 YEAR Hour Min. | | If UNDER 24 HRS. Hour Min. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Osage Co, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | |
| 13a. FATHER'S NAME Charles A. Newport | | | 13b. MOTHER'S MAIDEN NAME MARtha A. Ballard | | | 14. NAME OF HUSBAND OR WIFE IRVIN GRIMSHAW | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | | 16. SOCIAL SECURITY NO. 509-20-0984 | | | 17. INFORMANT'S SIGNATURE OR NAME MRS. Dick GUEFey | | | ADDRESS Proston, MO | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | DUE TO (b) Aterial Sclerosis | | | | 2 Years | | | |
| * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | DUE TO (c) Senility | | | | | | | |
| 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 | | | | | | 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 June 20, 1956 , to June 21, 1956 , that I last saw the deceased alive on June 21, 1956 , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE J. E. Briggs, D.O. | | | | (Degree or title) Wheatland, MO | | | | 23b. ADDRESS | | 23c. DATE SIGNED 6-21-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6-23-56 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill | | 24d. LOCATION (City, town, or county) (State) W.C. Kansas | | | | | |
| DATE REC'D BY LOCAL REG. 6-22-1956 | | REGISTRAR'S SIGNATURE Mary Johnson | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan | | ADDRESS Wabam, MO | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Allen W. Vaughan*.....

Licensed Embalmer No. *415*.....

P. O. Address *Urban*.....

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.