

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 42 Primary Registration District No. 5126 Registrar's No. 85

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Township | | c. CITY- OR TOWN Faucett | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 Faucett | | d. STREET ADDRESS (If outside, give location) Route 1 | |
| Length of stay in lb 8 yrs | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | |
|--|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First FLORENCE Middle GERTRUDE Last GRIMES | | | 4. DATE OF DEATH Month Day Year Jan. 23, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 23, 1901 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and state or country) Andrew County Mo. | |
| 13. FATHER'S NAME Lawrence Schwartz | | | 14. MOTHER'S MAIDEN NAME Not known | | |

| | | |
|--|---------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Ira L. Grimes, Faucett, Mo. |
|--|---------------------------------|--|

| | | |
|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>none</u> <u>years.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>General arteriosclerosis</u> | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|---|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

| | | |
|---|--|------------------------------------|
| 21. I attended the deceased from <u>1-24-57</u> to <u>1-24-57</u> and last saw her alive on <u>1-24-57</u> Death occurred at <u>1:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>J. McNeaney M.D.</u> (Degree of <u>MD</u>) | 22b. ADDRESS <u>214 Kirkpatrick Bldg St Joseph 8 Mo</u> | 22c. DATE SIGNED <u>1-24-57</u> |

| | | | |
|---|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 26, 57 | 23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery | 23d. LOCATION (City, town, or county) (State) Savannah, Mo. |
| 24. FUNERAL DIRECTOR Clark Funeral Home | ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. Jan 30, 1957 | 26. REGISTRAR'S SIGNATURE Kathleen M. Allison |

Health, Welfare, Public Service
300-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
S O

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 Paul Clark, Student Embalmer No. 53 working under my personal supervision..

Student Paul F. Clark
Signature of Student Embalmer

Signed Earl A. Clark

Licensed Embalmer No. 42

P. O. Address St. Joseph

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