FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2204

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 4403 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Pemiscot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Steele — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Ben Middle C Last Grindstoff

4. DATE OF DEATH: Month 2 Day 1 Year 1957

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 4-28-1877

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Decatur Tenn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W C Grindstoff

14. MOTHER'S MAIDEN NAME: Jane Creosey

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: Mrs Kin Lipscomb — Address: Steele Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cancer of Prostate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cardio-Renal-Vascular

DUE TO (c): Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Steele — COUNTY: Pemiscot — STATE: Mo

21. I attended the deceased from Jan 23, 1957, to Feb 1, 1957 and last saw her/him alive on Feb 1, 1957. Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. J. Carlin M.D.

22b. ADDRESS: Steele, Mo

22c. DATE SIGNED: 2-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-4-57

23c. NAME OF CEMETERY OR CREMATORY: Mt Zion

23d. LOCATION (City, town, or county) (State): Steele Mo

24. FUNERAL DIRECTOR: Germon Undt Co. — ADDRESS: Steele Mo

25. DATE RECD. BY LOCAL REG.: 2-5-57

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

17-0

2-38-57

FEB 8 - 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed John H. Herman

Licensed Embalmer No. 4-35

P. O. Address Hayti, M

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.