

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12099**

FILED MAY 13 1957

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006 Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) instant	c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			e. STREET ADDRESS (If rural, give location) 715 Wilkes Blvd. 0105 0		
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Arthur c. (Last) Grim			4. DATE OF DEATH (Month) (Day) (Year) 5 3 57		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint Contractor		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) 0 Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lemuel Grim		13b. MOTHER'S MAIDEN NAME Eleanor Terril		14. NAME OF HUSBAND OR WIFE Pinky Grim Columbia, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-07-1568	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pinky Grim Columbia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown
			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 _____		20. AUTOPSY? 2 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., car) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200		
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) _____		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 2 Jan 1950 , to 3 May 1957 , that I last saw the deceased alive on 3 May 1957 , and that death occurred at 7 P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) R P Laduron MD			23b. ADDRESS Columbia Mo		23c. DATE SIGNED 4 May 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.		
DATE REC'D BY LOCAL REG. May 4 1957		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward H. Kueper, Columbia Mo.	

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

31-0

MAY 22 1957

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 *Edward H. Freeger*.....

Licensed Embalmer No. *4991*.....

P. O. Address *Columbia, T*.....

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.