

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12516**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - Liberty	c. LENGTH OF STAY (in this place) 4 1/2 mos	c. CITY OR TOWN EXCELSIOR SPRINGS	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 CLAY COUNTY HOME		STREET ADDRESS (If rural, give location) 314 KANSAS CITY AVE	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) LEWIS c. (Last) GRIMES	4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1957
---	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 7-10-1874	9. AGE (In years last birthday) Months Days Hours Min. 82
-----------------------	----------------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MULE BUYER	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) CLAY COUNTY, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME THOMAS GRIMES	13b. MOTHER'S MAIDEN NAME MARTHA BARRYMAN	14. NAME OF HUSBAND OR WIFE UNKNOWN
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARTHA STUTZ 715 ONEIDA DENVER, COLO.
--	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH instant
	ANTECEDENT CAUSES DUE TO (b) arteriosclerosis		years
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hernia, bilateral		years

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)
--	--	---

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 **7:30**, 19 **56** to **4/10**, 19 **57**, that I last saw the deceased alive on **3/31/57**, and that death occurred at **8 a.m.**, from the causes and on the date stated above.

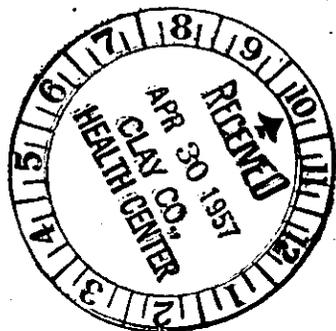
23a. SIGNATURE M. D. Graham	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 4/11/57
---------------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-10-57	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) PLATTSBURG, Mo.
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 4-22-57	REGISTRAR'S SIGNATURE Mabel Graham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri
--	--	--

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

491-0



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 *Ludell K. James*

Licensed Embalmer No. *4580*
Excelsior Springs, Mo.
P. O. Address

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.