Health, Welfare Public Service

300
1-57

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1803

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Long Nursing Home — Length of stay in Ib 4 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 175 Morton Rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: William Middle: Alfred Last: Grimes

4. DATE OF DEATH Month Day Year: Jan. 25, 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH May 22, 1874

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY City utilities

11. BIRTHPLACE (City and state or country) Camden Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Grimes

13b. MOTHER'S MAIDEN NAME Julia Webster

14. NAME OF HUSBAND OR WIFE Mattie Grimes

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. None

17. INFORMANT Address: Mrs. William Lambeth, Lebanon, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be accepted. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Abscesses and draining
DUE TO (c) Injured rt. knee — 2 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6924

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] — No

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 COUNTY STATE

21. I attended the deceased from 1-8-58, to 1-17-58 and last saw him alive on 1-17-58
Death occurred at 12.05 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. Jenkins M.D. (Degree or title)

22b. ADDRESS Lebanon, Mo

22c. DATE SIGNED 1-22-58

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

23b. DATE 1/28/58

23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery

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

24. FUNERAL DIRECTOR Palmer — **ADDRESS** Lebanon Mo.

25. DATE RECD. BY LOCAL REG. 1-28-1958

26. REGISTRAR'S SIGNATURE Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

Received FEB 3 1958

Laclede County Health Unit

File No. 14

Date Filed FEB 3 1958

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, M

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.