Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028084
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 2 Primary Registration District No. 5019 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: ANDREW
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ROCHESTER — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Shady Lawn Rest Home — Length of stay in 1b: 10 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Savannah — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 mi. east of Savannah — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JACOB Middle: O. Last: GRIMES

4. DATE OF DEATH: Month: August Day: 30 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: December 12, 1870
9. AGE (In years last birthday): 87
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grimes
14. MOTHER'S MAIDEN NAME: Rebecca Crowder

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. Rosa Clayton Savannah, 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) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes — 2 yrs.
DUE TO (c) 4200
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 ☐ 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 COUNTY STATE

21. I attended the deceased from 7-1-53, to 8-30-58 and last saw her/him alive on 8-29-58
Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Warren C. Baker (Degree or title) M.D.
22b. ADDRESS: Savannah, Mo.
22c. DATE SIGNED: 9-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Sept. 1, 1958
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
23d. LOCATION (City, town, or county) (State): Andrew County Missouri

24. FUNERAL DIRECTOR: Wm. A. Rich ADDRESS: Savannah, Mo
25. DATE RECD. BY LOCAL REG.: 9-3-58
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

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

2/0

SEP 29 1958

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 Wm A Rich

Licensed Embalmer No. 47

P. O. Address Savann

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