

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035529
STATE FILE NUMBER

42

1000

Registrar's No. 1169

FILED NOV 10 1958

Registration District No.

Primary Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 44 yrs.	STREET ADDRESS (If outside, give location) 3411 Mitchell Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dallas Middle P. Last Grimes			4. DATE OF DEATH Month October Day 30 , Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 27, 1877	9. AGE (In years at birthday) 81	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. RR Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail	11. BIRTHPLACE (City and state or country) Clinton County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William M. Grimes		13b. MOTHER'S MAIDEN NAME Lucy Ann Munkers		14. NAME OF HUSBAND OR WIFE Gertrude M. Grimes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-28-5958	17. INFORMANT Address Mrs. Gertrude M. Grimes St. Joseph, Mo.		
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) 9 GLOMERULO NEPHROSCHEROSIS.					?
DUE TO (c) GEN. ARTERISCHEROSIS.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 11/8/56 to 10/30/58 and last saw him alive on 10/30/58 . Death occurred at 2:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John T. Rogers M.D.			22b. ADDRESS 307 Kirkpatrick Bldg Mo		22c. DATE SIGNED 10/31/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		23d. LOCATION (City, town, or county) (State) Gower, Missouri.
24. FUNERAL DIRECTOR Maerhoff, Fleeman, & Co. ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 3, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. John T. Rogers

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 *Albert P. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *St. Joseph*

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.