Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002073
STATE FILE NUMBER

FILED JAN 30 1959

Registration District No. 200 Primary Registration District No. Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Callao Township — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.F.D. Callao — Length of stay in 1b: 40 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Callao — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D. Callao — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Ballenger Last: Grugin Jr.

4. DATE OF DEATH: Month: Jan. Day: 17 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 28, 1918 **9. AGE** (In years last birthday): 40 — 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**: —

11. BIRTHPLACE (City and state or country): Macon County, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: George Grugin Sr. **13b. MOTHER'S MAIDEN NAME**: Maud Ballenger **14. NAME OF HUSBAND OR WIFE**: Joanne Grugin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No. **16. SOCIAL SECURITY NO.**: 491-14-0529 **17. INFORMANT**: Joanne Grugin Address: Callao

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be taken. 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): Fractured Skull and Crushed Chest. — INTERVAL BETWEEN ONSET AND DEATH: Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~
DUE TO (c): Tractor Accident. 9121
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Tractor Turned Over on Him
20c. TIME OF INJURY: Hour 8:30 a.m. p.m. Month, Day, Year: Jan. 17 59
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.): Farm
20f. CITY, TOWN, OR LOCATION: Callao **COUNTY**: Macon **STATE**: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lester Hutton Coroner **22b. ADDRESS**: Macon Mo **22c. DATE SIGNED**: Jan 18. 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Jan. 19. 1959 **23c. NAME OF CEMETERY OR CREMATORY**: Locust Grove Cem. **23d. LOCATION** (City, town, or county) (State): Callao Mo.

24. FUNERAL DIRECTOR: Lester Hutton **ADDRESS**: Macon, Mo. **25. DATE RECD. BY LOCAL REG.**: Jan 18/59 **26. REGISTRAR'S SIGNATURE**: Ruth McReely

(Licensed Embalmer's Statement on Reverse Side)

Date Filed .....

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 .....Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Ill.

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.