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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002092
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 207 Primary Registration District No. ..... Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Safe Twp. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 68. — Length of stay in 1b

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

3. NAME OF DECEASED (Type or print): First Helen Middle A. Last Grimm
4. DATE OF DEATH: Month Jan. Day 2, Year 1959.
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: June 4, 1891.
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Osage County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Ackfeld
14. MOTHER'S MAIDEN NAME: Elizabeth Holterman
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.
17. INFORMANT: John Ackfeld, Address: Freeburg, 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) Fractured Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile Accident
DUE TO (c) Car overturned
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH
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.) Thrown from car causing crushed head.
20c. TIME OF INJURY: Hour 12:30 a. m. p. m. Month, Day, Year 1-2-59
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.) Highway 68
20f. CITY, TOWN, OR LOCATION: Seven miles north of St. Janes — COUNTY: Maries — STATE: Mo.
21. I attended the deceased from ....., to ..... and last saw her/him alive on ..... Death occurred at 12:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) Coroner 3
22b. ADDRESS: Vienna, Mo. Maries Co.
22c. DATE SIGNED: 1/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/6/59
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
23d. LOCATION (City, town, or county) (State): Arnold, Mo.
24. FUNERAL DIRECTOR: [signature] ADDRESS: Vienna, Mo.
25. DATE RECD. BY LOCAL REG.: 1-4-59
26. REGISTRAR'S SIGNATURE: A. Maybelle White

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. Symptoms with no relation to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 15 1959

JAN 12 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ..... Me ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed ..... Th C Bunningham

Licensed Embalmer No. 36

P. O. Address ..... Denn

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