RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031606

STATE FILE NUMBER

XC-1205296 4/3 REG. NO. A-1057 FILED VS OCT 5 1959

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 447

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1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b 57 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MISSISSIPPI
c. CITY OR TOWN EAST PRAIRIE — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) BOX 127 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First SIDNEY ~~(NONE)~~ HERBERT Last GRUBBS

4. DATE OF DEATH Month Day Year SEPTEMBER 18, 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 1-1-95
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER WORKER
10b. KIND OF BUSINESS OR INDUSTRY LUMBER-CONSTRUCTION
11. BIRTHPLACE (City and state or country) SHANNON TOWN, N.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN GRUBBS
13b. MOTHER'S MAIDEN NAME LUE GRUBBS
14. NAME OF HUSBAND OR WIFE NELLIE GRUBBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ARTERIOLAR NEPHROSCLEROSIS.	Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYPERTENSIVE CARDIOVASCULAR DISEASE.	Unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
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 July 23, 1959, to Sept. 18, 1959 and last saw her/him alive on _____
Death occurred at 8:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Director, Prof. Svcs.
22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED 9/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-20-59
23c. NAME OF CEMETERY OR CREMATORY Anniston
23d. LOCATION (City, town, or county) (State) Anniston, Mo.

24. FUNERAL DIRECTOR ADDRESS Travis Shelby
25. DATE RECD. BY LOCAL REG. 9/24/59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DEC 3 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Travis Shelby.
Signature of Student Embalmer

Licensed Embalmer No. 273

P. O. Address East Pau

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