

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004936

STATE FILE NUMBER

FILED VS FEB 29 1960

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 43

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Adair</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville,</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Macon</u>
Length of stay in 1b <u>26 Days</u>		c. CITY OR TOWN <u>Callao</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim Smith Hosp. & Cl.</u>		d. STREET ADDRESS <u>Route # 2</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)

First <u>Crawford</u>	Middle <u>J.</u>	Last <u>King</u>
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4. DATE OF DEATH Month 2 Day 7 Year 60

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-69</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Callao, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>William King</u>	13b. MOTHER'S MAIDEN NAME <u>Eli_zabeth ?</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle-Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Hospital Records</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular Accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH _____

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

Bilateral Hydrocele

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 2-7-60 to 2-7-60 and last saw ^{her}him alive on 2-7-60

Death occurred at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edward M. Grim M.D.</u>	22b. ADDRESS <u>Grim-Smith Hospital Kirksville, Mo.</u>	22c. DATE SIGNED <u>2-9-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/10/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Church</u>	23d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
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24. FUNERAL DIRECTOR <u>Bob Lawrence</u>	ADDRESS <u>Paris, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-24-1960</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EDWARD M. GRIM, M.D.

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 _____
Signature of Student Embalmer

Signed Edw. M. Grim

Licensed Embalmer No. 1961

P. O. Address Berlin, Mo.

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.