

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018637

FILED VS. JUN 6 1960

53

Registration District No. **0000**

Primary Registration District No. **224**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) 4 Hwy 61		Length of stay in 1b Minutes	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI ON Hwy 61		d. STREET ADDRESS (If outside, give location) 1908 A MONTGOMERY ST.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT EUGENE GRIMES			4. DATE OF DEATH Month Day Year MAY 21, 1960
5. SEX M	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1936
9. AGE (last birthday) 23		IF UNDER 1 YEAR Months 6 Days 3	IF UNDER 24 HR Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINISTS HELPER		10b. KIND OF BUSINESS OR INDUSTRY REFRIGERATION MFG.	11. BIRTHPLACE (City and state or country) SIKESTON, Mo.
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME HOMER GRIMES	
13b. MOTHER'S MAIDEN NAME LUE VANOVER		14. NAME OF HUSBAND OR WIFE MARTHA SHAW GRIMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 22 NOV. 55 To 22 OCT. 57		16. SOCIAL SECURITY NO. 500-38-9232	17. INFORMANT MARTHA SHAW GRIMES Address 1908 MONTGOMERY St. Louis, 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) Crushed chest DUE TO (b) Shock DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Immediate
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Accident	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car went out of control on Hi-Way #61 at Erlide Creek Bridge,	
20c. TIME OF INJURY Hour 10:00 am. p.m.	Month, Day, Year May 21, 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Hi-Way #61	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 1/2 mi. S. of Old Apphton, Cape Gir., Missouri		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo.	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter Ford Coroner		22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 5-23-1960
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-24-1960	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) SIKESTON, Mo.
24. FUNERAL DIRECTOR ADDRESS Edw. G. Hummel		25. DATE RECD. BY LOCAL REG. 6-4-1960	26. REGISTRAR'S SIGNATURE Dennis Kasten

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 21 1960

VS JUN -7 1960

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 *Ken C. C. [unclear]*

Licensed Embalmer No. 4577

P. O. Address *Jackson, TN*

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.