

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-038864

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington Length of stay in 1b one week c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette c. CITY OR TOWN Lexington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 318 Highland Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Jesse Coleman Grindstaff			4. DATE OF DEATH Month Day Year October 2, 1960				
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. BIRTH DATE 7-14-81	9. AGE (last birthday) 79	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) Miner and farmer		10b. KIND OF BUSINESS OR INDUSTRY Coal mine		11. BIRTHPLACE (City and state or country) Dover, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Drewey Grindstaff			13b. MOTHER'S MAIDEN NAME Fannie Madley		14. NAME OF HUSBAND OR WIFE Leona Gamble		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-05-0334		17. INFORMANT Address Mrs. J.C. Grandstaff Lexington, 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) Coronary Thrombosis DUE TO (b) Arterial Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema					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 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.)			
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	
21. I attended the deceased from September 26, 1960 to Oct. 2, 1960 and last saw her Oct. 1, 1960 live on Death occurred at 5:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree title) Ben H. Brasher M.D.				22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 10.3.60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct-4-1960		23c. NAME OF CEMETERY OR CREMATORY Corbin Cemetery		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
24. FUNERAL DIRECTOR ADDRESS Vaughn-Walker Lexington, Mo.				25. DATE RECD. BY LOCAL REG. 10-3-60		26. REGISTRAR'S SIGNATURE 	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1961

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Lexington

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.