

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002359
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 23

AMENDED

FILED VS FEB 9 8 1961

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		c. CITY OR TOWN Springfield	
Length of stay in 1b 5 mos.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Hosp. # 3		d. STREET ADDRESS (If outside, give location) 305 N. West Avenue	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Anna Hasseltine Grimm			4. DATE OF DEATH Month Day Year February 16, 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-1-79
9. AGE (last birthday) 81		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Urbana, Missouri
13a. FATHER'S NAME John Tompkins		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Rush	14. NAME OF HUSBAND OR WIFE William Grimm
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. None	17. INFORMANT Address State Hospital # 3, Nevada, 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 Vessel Disease			INTERVAL BETWEEN ONSET AND DEATH Years
DUE TO (b) Pulmonary Tuberculosis (Active)			Years
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Assoc. with Circ. Dist. with Cerebral Arteriosclerosis, with Psychotic Reaction.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 9-1-60 to 2-16-61 and last saw her/him alive on 2-16-61 Death occurred at 1:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. Allen Dickens M.D.</i> E. Allen Dickens, M.D.		22b. ADDRESS St. Hosp. # 3, Nevada, Mo.	22c. DATE SIGNED 2-16-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 18, 1961	23c. LOCATION (City, town, or county) (State) Shelburn Memorial Park, Springfield, Missouri	
24. FUNERAL DIRECTOR <i>Ferry Funeral Home</i> Ferry Funeral Home, Nevada, Mo.	25. DATE RECD. BY LOCAL REG. Feb 21-1961	26. REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 James Douglas Huswold

Licensed Embalmer No. 5099

P. O. Address Nevada 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.