

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012216

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 6887 Registrar's No. 10

AMENDED FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Saline				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cambridge		Length of stay in lb 70 Yrs.		c. CITY OR TOWN Slater		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile West Slater			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 Mile West Slater		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA CUSTIS GRIMES				4. DATE OF DEATH Month Day Year March 18 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 9/11/1878	9. AGE (last birthday) 82	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Temperanceville, Ohio USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George C. Hains			13b. MOTHER'S MAIDEN NAME Elizabeth Mc Cort			14. NAME OF HUSBAND OR WIFE Virgil E. Grimes, Sr.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Wm. Buchanan Slater, 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) <i>Chr. myocarditis with</i> DUE TO (b) <i>Cardiac failure</i> DUE TO (c) <i>Generalized arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i> 36 hrs. <i>years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Diabetes Mellitus</i>						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 <u>1940</u> to <u>Mar 18, 1961</u> and last saw her alive on <u>March 16, 1961</u> Death occurred at <u>6:00</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deefer or title) <i>C.A. McBurney, M.D.</i>				22b. ADDRESS <i>Slater Mo.</i>			22c. DATE SIGNED 3-20-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/20/1961	23c. NAME OF CEMETERY OR CREMATORY Ridge Park		23d. LOCATION (City, town, or county) (State) Marshall, Missouri			
24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo.			25. DATE RECD. BY LOCAL REG. 3-20-61		26. REGISTRAR'S SIGNATURE <i>Mrs. Raymond Brame</i>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.