

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016370
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 91

AMENDED

FILED MAY 16 1961

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hiway 54-3 mi. E. Mexico</u>		Length of stay in 1b	c. CITY OR TOWN <u>Vandalia</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>en route to Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>816 Clay</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harley</u> Middle <u>Grimm</u> Last <u>Ett</u>			4. DATE OF DEATH Month <u>May</u> Day <u>6</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1917</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lift Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harbison-Walker</u>	11. BIRTHPLACE (City and state or country) <u>Vandalia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Grimm</u>		13b. MOTHER'S MAIDEN NAME <u>Verda Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Grimm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Helen Grimm, Vandalia, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound in head, from 20 ga. shotgun</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
DUE TO (b) <u>Inquest-death from gunshot wound inflicted by Charles Grimm at Vandalia, Mo.</u>		
DUE TO (c) <u>May 6, 1961</u>		

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Argument between deceased and parent. Ended in shooting by parent.</u>	
20c. TIME OF INJURY Hour <u>6:45</u> p.m. Month, Day, Year <u>5-6-61</u>	At father's home <u>Vandalia</u> <u>Audrain</u> <u>Mo.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H. Ron Vand...</u> <u>Sheriff Audrain Co</u> <u>Acting Coroner</u>	22b. ADDRESS <u>205 S. Clark, Mexico, Mo.</u>	22c. DATE SIGNED <u>5-9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>
23d. LOCATION (City, town, or county) <u>Vandalia, Missouri</u>		

24. FUNERAL DIRECTOR <u>William B. Water...</u>	ADDRESS <u>...</u>	25. DATE RECD. BY LOCAL REG. <u>May 9-1961</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 17 1961

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 William B. Venter

Licensed Embalmer No. 41689

P. O. Address Vandalia, O.

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.