

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016295

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 85

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
  
10817  
206302  
  
3  
4 1  
5 2  
6  
7 1  
8 2  
94201  
10  
11  
12 86-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. <del>PLACE OF DEATH</del> <b>FILED</b> MAY 8 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Phelps</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>Maries</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		c. CITY OR TOWN <b>Vichy</b>	
Length of stay in lb <b>2 weeks</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Highway 63</b>	
3. NAME OF DECEASED (Type or print) First <b>EDNA</b> Middle <b>GRIM</b> Last <b>GRIM</b>		4. DATE OF DEATH Month <b>April</b> Day <b>28</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/6/72</b>
9. AGE (last birthday) <b>89</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min. <b>1</b>	IF UNDER 24 HR Hours <b>1</b> Min. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Wellsville, Ohio</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Howard</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Ashby</b>		14. NAME OF HUSBAND OR WIFE <b>John L. Grim</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Maude Clark Vichy, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive heart failure Asthma</b>			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 <b>6</b> Month <b>4</b> Day <b>15</b> Year <b>1962</b>			
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 <b>April 15 1962</b> to <b>April 28, 1962</b> and last saw her alive on <b>April 27, 1962</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. J. Chesser</b> (Degree or title)		22b. ADDRESS	22c. DATE SIGNED <b>4/30/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 30, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Phelps County, Missouri</b>
24. FUNERAL DIRECTOR By <b>Paul E. Hull</b> <b>Rolla</b>		25. DATE RECD. BY LOCAL REG. <b>May 1, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>

**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 \_\_\_\_\_

*Paul E. Hall*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.