MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018282

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 225

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Southeast Missouri Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN: Rural - Union Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mi. East of Patton
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Elizabeth Last: Grindstaff
4. DATE OF DEATH: Month: May Day: 18, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-23-1875
9. AGE (last birthday): 86
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):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bollinger County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Christian Seabaugh
13b. MOTHER'S MAIDEN NAME: Sarah Roberts
14. NAME OF HUSBAND OR WIFE: J.F. Grindstaff (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Harley P. Brotherton Address: Patton, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ? aspiration
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Probable Carcinoma of Ovary with ascites
2) Cerebral arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 8, 1962 to 5-18-62 and last saw her alive on 5-17-62
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Gerald M. Hoxworth M.D. (Degree or title)
22b. ADDRESS: Cape Girardeau, Missouri
22c. DATE SIGNED: 5-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 20, 1962
23c. NAME OF CEMETERY OR CREMATORY: Post Oak Cemetery
23d. LOCATION (City, town, or county) (State): Bollinger County, Missouri
24. FUNERAL DIRECTOR: T. Adamson ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 5-21-62
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.