

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39590**

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 2238		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY OR TOWN RURAL JEFFERSON		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN RURAL JEFFERSON		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) MARTHA ELIZABETH		b. (Middle) _____		c. (Last) GRIMES	
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT. 10, 1871		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) CEDAR COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME JOHN S. CAMPBELL		13b. MOTHER'S MAIDEN NAME ELIZABETH SIMMONS		14. NAME OF HUSBAND OR WIFE AUSTIN GRIMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Austin Grimes, Stockton, MO		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 95C		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Cardiac Insufficiency ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. INTERVAL BETWEEN ONSET AND DEATH 24 hrs				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to 12-20-1948 , that I last saw the deceased alive on 12-20-1948 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. B. Richter M.D.				23b. ADDRESS Stockton, Mo.		23c. DATE SIGNED 12-21-48	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-21-1948		24c. NAME OF CEMETERY OR CREMATORY ALDEN		24d. LOCATION (City, town, or county) (State) CEDAR CO. MO.	
DATE REC'D BY LOCAL REG. 12-31-48		REGISTRAR'S SIGNATURE Geneva Jamison		25. FUNERAL DIRECTOR'S SIGNATURE John R. Cantlon		ADDRESS Stockton, MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File No. 12-48-1551

Date Filed 1-7-49

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 _____

James L. Senter

Student Embalmer No. 157

working under my personal supervision.

Signed _____

John A. Cantlon

Licensed Embalmer No. 4387

Signed _____
Student Embalmer

P. O. Address *Stockton, 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 this body is not embalmed, fact should be so stated above.