

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028831**

**FILED VS SEP 14 1959**

*137*

Primary Registration District No. *3523*

Registrar's No. *228*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in 1b <b>1 1/2 days</b>		c. CITY OR TOWN <b>Clinton</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>Wetzel Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>411 S. Carter</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DAVID</b> Middle <b>MICHAEL</b> Last <b>GRINDSTAFF</b>				4. DATE OF DEATH Month <b>September</b> Day <b>5</b> Year <b>1959</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/4/59</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <b>0</b> Days <b>1 1/2</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Clinton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Thomas Earl Grindstaff</b>			13b. MOTHER'S MAIDEN NAME <b>Ella Handke</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>Thomas Grindstaff, Clinton, 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>Asphyxia and massive atelectasis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Obstruction of the main bronchus by mucus</b>		
						DUE TO (c) <b>Premature respiration in birth canal</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I (a) <b>Prematurity; congenital heart disease.</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 checked="" type="checkbox"/> NO <input 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>12:15</b> Month, Day, Year <b>Sept. 5, 1959</b> a.m. p.m.								
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 <b>Sept. 4, 1959</b> to <b>Sept. 5, 1959</b> and last saw him alive on <b>Sept. 5, 1959</b> Death occurred at <b>12:15</b> <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>R.E. Harbaugh D.O.</b>				22b. ADDRESS <b>Clinton, Mo.</b>		22c. DATE SIGNED <b>9-9-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 6, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>				
24. FUNERAL DIRECTOR <b>CONSALUS</b> <b>Clinton, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>9-8-59</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>				

DOCUMENT

MEDICAL CERTIFICATION

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 Eugene R. Consalva

Licensed Embalmer No. 4680

P. O. Address Clinton, Va

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.