

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0010567

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 92

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
2 0421

3
4 0
5 1

6
7 0

8 2

9 480X

10

11

12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH FILED APR 11 1966 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Henry | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Windsor | | Length of stay in 1b 12 hrs. | | c. CITY OR TOWN Windsor | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) 205 S. Lawton St. | |
| 3. NAME OF DECEASED (Type or print) First Ivan Middle Muir Last Grinstead | | 4. DATE OF DEATH Month April Day 2 Year 1966 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7-7-1899 | | 9. AGE (last birthday) 66 | | 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) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Pattis County, Mo. | |
| 13a. FATHER'S NAME William Walker Grinstead | | | | 13b. MOTHER'S MAIDEN NAME Sadie Muir | | 14. NAME OF HUSBAND OR WIFE Ollie Mae Grinstead | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. 498-30-0820 | | 17. INFORMANT Address Mrs. Ollie Grinstead, Windsor, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Cardio-Respiratory Collapse | | | | | | INTERVAL BETWEEN ONSET AND DEATH 30 MIN. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. due to Acute Influenzal Pneumonia, 1 mon plus Acute Severe Parkinsonism 6-8 yrs. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Hypertrophic Arthritis | | | | | | 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 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 Feb 20, '66 to April 2, '66 and last saw him alive on April 2 - '66 | | | | Death occurred at 10:17 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Describe or title) Claude M. Thurber, MD | | | | 22b. ADDRESS Windsor, Mo. | | 22c. DATE SIGNED 4-4-66 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Apr. 4, 1966 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery | | 23d. LOCATION (City, town, or county) (State) Windsor, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Clifford Gauge, Windsor, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 4-4-66 | | 26. REGISTRAR'S SIGNATURE Mildred Bigum | |

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

Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

Permit Obtained 4-4-66
MMS