

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 291

66 0037349
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 10 1966	
1. PLACE OF DEATH	
a. COUNTY Henry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton	a. STATE Missouri COUNTY Henry
OR TOWN Clinton	b. CITY OR TOWN Clinton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp	d. STREET ADDRESS (If outside, give location) 705 S. 4th Street
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last CHARLES LOUIS GRIMES	Month Day Year October 1, 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 6/19/89
9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad engineer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Moberly, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James T. Grimes	13b. MOTHER'S MAIDEN NAME Dora Elsea
14. NAME OF HUSBAND OR WIFE Mildred Grimes	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. None	17. INFORMANT Mildred Grimes, Clinton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Myocardial infarction
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)	
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 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. Month, Day, Year	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 1955 , to 1 Oct, 66 and last saw ^{her} _{him} live on 1 Oct, 1966 Death occurred at 11:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Hugh B Walker, MD	22b. ADDRESS Clinton, Mo
22c. DATE SIGNED 4 OCT '66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 4, 1966
23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) (State) Clinton, Missouri
24. FUNERAL DIRECTOR Consalus Funeral Home, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Oct 4, 1966 Mildred Bigorn

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 0425
 2 0425
 3
 4 0
 5 1
 6
 7 0
 8 0
 9 420.1
 10
 11
 12 1-0
 13 1-0
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK
 OR
 TYPEWRITER RIBBON

OCT 27 1966

OCT 19 1966

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. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 10-4-66 (MRS)