

FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

11726

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Slater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbons		d. STREET ADDRESS (If outside, give location) R. F. D. No. 1	
Length of stay in hospital 13 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Virgil			4. DATE OF DEATH 12-1957		
First Virgil			Month Dec. Day 12 Year 1957		
Middle E.			Last Grimes, Sr.		
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 Sept. 19th 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Paris, Ky.	12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Phillip Grimes			14. MOTHER'S MAIDEN NAME Sydney Hall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Nadine Buchanan, St. Joseph, Mo	
(Yes, no, or unknown)		(If yes, give war or dates of service)		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon & metastasis to urinary bladder.			INTERVAL BETWEEN ONSET AND DEATH 5 years		
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) Chronic nephritis & anemia. Secondary anemia.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 _____ Month _____ Day _____ Year _____ 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 Jan 7, 1950 to Mar. 12, 1957 and last saw her alive on 3/11/57 Death occurred at 3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)			22b. ADDRESS Slater, Mo.		22c. DATE SIGNED 3/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/14/57		23c. NAME OF CEMETERY OR CREMATORY Ridge Park	
23d. LOCATION (City, town, or county) Marshall, Mo.		(State)			
24. FUNERAL DIRECTOR ADDRESS Slater Mo.		25. DATE RECD. BY LOCAL REG. 3-13-57		26. REGISTRAR'S SIGNATURE Hill Brothers	

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MORS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

529-6

Carl H. Reed

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 *A. C. Hill*.....

Licensed Embalmer No. *309*

P. O. Address *St. Louis*

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.