

FILED NOV 7 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0043517

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 55
10b.
11. 0
12. 1
13. 342X
14. 4
15. 9
16.
17.
18. 0
19. CREDITS
20. 3 - 0

VS 300
Rev. 1/68

4.0975

5. 1

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0970

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

Registration District No. <u>324</u>		Primary Registration District No. <u>3072</u>		Registrar's No. <u>192</u>	
DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Philip Reid Grimes			2. male	3. October 31, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. white		5a. 55	5b.	6. Sept. 17, 1913	7a. Saline
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Marshall			7c. yes		
7d. Marshall			7e. Fitzgerald Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. U.S.A.		10. married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		11. Helen Marie Hoener	
12. 190-42-4641		13a. farmer		13b. agriculture	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER	
14a. Mo. 14b. Saline		14c. Slater		14d. no 14e.	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Philip L. Grimes			16. Bettie Carol Quisenberry		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Philip R. Grimes			17b. RFD 3 Slater, Missouri 65349		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		Pneumonia - Bilateral		5 days	
(a) DUE TO OR AS A CONSEQUENCE OF:		Acute coronary thrombosis		7 days	
(b) DUE TO OR AS A CONSEQUENCE OF:		Parkinson's Disease		8 years	
CONDITIONS, IF ANY, WHICH MAY BE LIKELY TO INTERFERE WITH THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.	20c.	M. 20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.		20f.		20g.	
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	1 DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. I ATTENDED		May 1944	TO 10-31-68	21c. 10-31-68	21d. No
21b. DECEASED		21b.	21b.	21c.	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD	
22a.		22b.		22c.	
CERTIFIER NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. C.A. McBurney, M.D.		23b. C.A. McBurney, M.D.		23c. 11/2/68	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE	
23d. 307 Main St. Slater, Mo.		23e. Slater, Mo.		23f. 65349	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. burial		24b. Slater City Cemetery		24c. Slater Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Nov 3, 1968		24e. Braun Funeral Home 225 Broadway Slater, Missouri 65349			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]		25b. [Signature]		25c. 11-2-68	

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 Robert D. Brown

Licensed Embalmer No. 5183

P. O. Address State, 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.