

# Gainford Grimes

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Birth: Nov. 27, 1873  
Lock Springs  
Daviess County  
Missouri, USA

Death: Dec. 29, 1955  
Chillicothe  
Livingston County  
Missouri, USA

Burial:

[Alpha Cemetery](#)

Alpha

Grundy County

Missouri, USA

Plot:

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Created by: [Larry G. Flesher](#)

Record added: Mar 16, 2004

Find A Grave Memorial# 8519233

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41295

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3046 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Wheeling</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Wheeling, Mo. 05901</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gain Ford</u> b. (Middle) _____ c. (Last) <u>Grimes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-27-1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>Lucksprings, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gain Ford Grimes</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hurst Grimes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Hurst Grimes Wheeling, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>JUN</u> , 19 <u>50</u> , to <u>DEC 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>DEC. 29</u> , 19 <u>55</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Alfred Bryan D.O.</u>			23b. ADDRESS <u>Wheeling, Mo.</u>		23c. DATE SIGNED <u>12-31-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alpha Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-31-55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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