

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11886**
96

300
48
26
5
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Crawford Township	
c. LENGTH OF STAY (in this place) 16 days		d. STREET ADDRESS (If rural, give location) Linn, Mo. R # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) _____ c. (Last) Grellner			4. DATE OF DEATH (Month) (Day) (Year) April 16, 1949		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 16, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 30	IF UNDER 24 HRS. 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 Agriculture	11. BIRTHPLACE (State or foreign country) Richfountain, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	--	--	--

13a. FATHER'S NAME George Grellner	13b. MOTHER'S MAIDEN NAME Marie Bogner	14. NAME OF HUSBAND OR WIFE Katherine Neuner
---	---	---

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'S SIGNATURE OR NAME Rev. Anthony J. Grellner ADDRESS Glenmore, Missouri
---	-------------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Left Hip DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9030	

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) Accident Farm home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Farm home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richfountain, Osage, Mo.
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? Information

22. I hereby certify that I attended the deceased from **4-1-1949**, to **4-16-1949**, that I last saw the deceased alive on **4-16-1949**, and that death occurred at **2:22 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. McKelley, M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 4-18-49
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Richfountain	24d. LOCATION (City, town, or county) (State) Richfountain, Mo.
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. April 18-1949	REGISTRAR'S SIGNATURE R.P. Darrin, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Norton ADDRESS Linn, Mo.
---	--	---

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 25 1949

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
Student Embalmer

Signed Vernon M. Moston

Licensed Embalmer No. 4125

P. O. Address Lincoln, 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 this body is not embalmed, fact should be so stated above.