

STANDARD CERTIFICATE OF DEATH

State File No. 12339

FILED MAR 24 1952

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Audrain</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico Mo</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery City</u>		<u>0100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Edward</u>	b. (Middle) <u>Everett</u>	c. (Last) <u>Gruber</u>	(Month) <u>3</u>	(Day) <u>14</u>	(Year) <u>52</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>II-18-1870</u>		9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months Days	if UNDER 2 HRS. Hours Min.
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		11. BIRTHPLACE (State or foreign country) <u>Gore Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Gruber</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Pitcher</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Gruber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brvan Gruber</u>		ADDRESS <u>Danville 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, 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) <u>themia</u>							
ANTECEDENT CAUSES	DUE TO (b) <u>urinary retention</u>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Hypertrophy prostate.</u>						
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.						
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) (Min.)		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>Feb. 24, 1952</u> , to <u>Mar. 13, 1952</u> , that I last saw the deceased alive on <u>March 13, 1952</u> , and that death occurred at <u>2:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Peley, M.D.</u>			23b. ADDRESS <u>117 E. Monroe St. Mexico, Mo.</u>			23c. DATE SIGNED <u>3/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 16 1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cristofano</u>		ADDRESS <u>Montgomery City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0043
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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, ~~only~~ on the 1
day of March 1952

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
C. W. Hopkins

Signed.....
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address. Montgomery City 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.