

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34420

State File No.

0179

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

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4081</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>					
b. CITY OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Boonville</u>		0179			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Earl</u>			a. (First)	b. (Middle)	c. (Last) <u>Grammel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 11 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>June 29 1892</u>			
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 4 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Boonville Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>George Grammel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Zactett</u>		14. NAME OF HUSBAND OR WIFE <u>Maud</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Grammel</u>			ADDRESS <u>Boonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ribetic pleetis</u>					INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____		
		DUE TO (c) _____							
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)		260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>June 1, 1952</u> , to <u>Oct 10, 1952</u> , that I last saw the deceased alive on <u>Oct 10, 1952</u> and that death occurred at <u>89 m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm Grammel</u> (Degree or title)				23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>10-13-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Brook</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-14-1952</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u> <u>470</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Leopold</u> ADDRESS <u>Wendover Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1932

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

S. L. Leopard

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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.