

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23795

FILED AUG 6 - 1953

4005

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 400 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rosendale-rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosendale-rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Elijah</u> c. (Last) <u>Grishow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEAR MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-6-1874</u>
10. 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>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Winchester - Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Fred Grishow</u>	13b. MOTHER'S MAIDEN NAME <u>Fredricka Kromm</u>	14. NAME OF HUSBAND OR WIFE <u>Emma M. Grishow</u> <i>deceased</i>
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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Grishow - Rosendale 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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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. <u>78 yr old</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 7-25-1953 to 7-29-1953, that I last saw the deceased alive on 7-29-1953, and that death occurred at 12p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>V.R. Wilson M.D.</u>	23b. ADDRESS <u>Rosendale Mo.</u>	23c. DATE SIGNED <u>7/29/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Savannah - Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. M. Atkinson Maryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-29-53</u>	REGISTRAR'S SIGNATURE <u>Lillian Spahr</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....

G. M. Atkinson
Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. *2279*

P. O. Address *Maryville 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.