

FILED FEB 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. **1925**

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5663** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lyon		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lyon	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural, Canton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew	b. (Middle) -	c. (Last) Gruber	4. DATE OF DEATH (Month) (Day) (Year) Febr. 1 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 6, 1867	9. AGE (In years last birthday) 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Canton,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christian Gruber	13b. MOTHER'S MAIDEN NAME Catherine Margandaunt Tresa Tuley	14. NAME OF HUSBAND OR WIFE Mrs. William McDaniels, Canton, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. William McDaniels, Canton, Mo.

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, asphyxia, 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) Hemorrhage of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcer		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5400	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 July 1953, to Feb 1, 1954, that I last saw the deceased alive on Feb 1, 1954, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE D. C. Todd	23b. ADDRESS Williamstown Mo.	23c. DATE SIGNED 2/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Febr. 3, '54	24c. NAME OF CEMETERY OR CREMATORY Forest Grove
24d. LOCATION (City, town, or county) (State) Canton, Lewis Co., Mo.		

DATE REC'D BY LOCAL REG. 2/6/54	REGISTRAR'S SIGNATURE P. W. Jennings, M. D.	25. FUNERAL DIRECTOR'S SIGNATURE E. L. [Signature]	ADDRESS Canton Mo.
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.