

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28764

State File No.

FILED AUG 16 1955

360

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6225 Registrar's No. 76

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u> | | c. CITY OR TOWN <u>Carthage</u> | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u> | | e. STREET ADDRESS (If rural, give location) <u>Route #3</u> | |

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|---|----------------------------|---|--|--|---|
| 3. NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>E. (not stated on original records)</u> c. (Last) <u>Grieb</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Aug 15, 1891</u> | 9. AGE (In years last birthday) <u>65</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 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 <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Amos Ambrose Grieb</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie Moss</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u> | | 16. SOCIAL SECURITY NO. <u>unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital # Nevada, Mo</u> | |

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|---|--|---|--|--|--|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Liver.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>several years</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Melanoma Cancer left eye (retina)</u> | | <u>several years</u> | |
| | | DUE TO (c) <u>192X</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Generalized arterio-sclerosis</u> | | <u>several years</u> | |

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| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | | 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) <u>none</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from March 29, 1955, to Aug 8, 1955, that I last saw the deceased alive on Aug 8, 1955, and that death occurred at 3.9. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Leslie H. Wright, M.D.</u> | | 23b. ADDRESS <u>State Hospital # Nevada, Mo</u> | | 23c. DATE SIGNED <u>Aug 8, 55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-11-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Center Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Missouri</u> | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8-11-55</u> | | REGISTRAR'S SIGNATURE <u>Anna J. Ferris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin C. Warner, Jr.*

Licensed Embalmer No. *79*

P. O. Address *South, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.