

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4017 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN <u>Rock-Port mo</u>		c. CITY OR TOWN <u>Rock-Port mo</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 type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0030</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>GRENE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 - 1956</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>May 29 1859</u>		9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR: Days <u>7</u> Hours <u>26</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Jacob Underwood</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Mc. Kinzie</u>		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Otto Ramsey - Rock - Port mo</u>	
				ADDRESS	

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>coronary thrombosis</u>		DUE TO (b) <u>coronary arteriosclerosis</u>				<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				<u>25 yrs</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"/>	
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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) <u>4201</u>	
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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	
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22. I hereby certify that I attended the deceased from 1949, to Jan 25, 1956, that I last saw the deceased alive on Jan 25, 1956 and that death occurred at Rock-Port mo, from the causes and on the date stated above.

23a. SIGNATURE <u>Harvins N. Schaefer</u>		(Degree or Title)		23b. ADDRESS <u>Rock-Port mo</u>		23c. DATE SIGNED <u>1-28-56</u>	
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24a. BURIAL - CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 27 - 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock-Port mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 1 1956</u>		REGISTRAR'S SIGNATURE <u>Harvins N. Schaefer</u>		443 - 25 FUNERAL DIRECTOR'S SIGNATURE <u>Beitron Funeral Home</u>		ADDRESS <u>Rock-Port</u>	
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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.....
Signature of Student Embalmer

Signed..... *E. L. Bentham*

Licensed Embalmer No. *1764*

P. O. Address *Rockport*

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.