

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4372**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DOUGLAS	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN AVA	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 0340	

3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) PAUL c. (Last) GRITZMAKER			4. DATE OF DEATH (Month) (Day) (Year) Feb 26, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec 3, 1911	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partnership owner lbr. yrd. Lbr. & Hdw.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Enid, Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME P. L. Gritzmaker	13b. MOTHER'S MAIDEN NAME Lena Schwene	14. NAME OF HUSBAND/OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) WW II	16. SOCIAL SECURITY 487-09-2657	17. INFORMANT'S SIGNATURE OR NAME Rineholdt, Gritzmaker, Billings, Mo ADDRESS
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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, ashenia, 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) Myocardial thrombosis		
ANTECEDENT CAUSES		DUE TO (b) obesity.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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"/> 4201
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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)
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 **2-25**, 19**56**, to **2-26**, 19**56**, that I last saw the deceased alive on **2-25**, 19**56**, and that death occurred at **8:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. P. J. [Signature]	23b. ADDRESS D.O. [Signature]	23c. DATE SIGNED 2-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Ava,	24d. LOCATION (City, town, or county) (State) Ava, Missouri
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DATE REC'D BY LOCAL REG. 2-29-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Ava, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956

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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.....
Lewis G. Schaff

Licensed Embalmer No... 3802

P. O. Address Springfield, Mis

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.