U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. 33027

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark Twsp. 20-30
d. STREET ADDRESS (If rural, give location): 5 Mi. west of Fairfax Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): GUY
b. (Middle): WILLIAM
c. (Last): GREBE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 9 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 28, 1886
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Rock Port Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Grebe
13b. MOTHER'S MAIDEN NAME: Sally Gehman
14. NAME OF HUSBAND OR WIFE: Esta Grebe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *********
16. SOCIAL SECURITY NO.: 569-34 3207
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Esta Grebe
ADDRESS: Fairfax 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 years
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: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19 56 *to* October 9, 19 56, *that I last saw the deceased alive on* October 9, 19 56, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward S. Bare (Degree or title) MD
23b. ADDRESS: Tarkio Mo.
23c. DATE SIGNED: 10/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 11. 1956
24c. NAME OF CEMETERY OR CREMATORY: English Grove
24d. LOCATION (City, town, or county) (State): Fairfax Mo.

DATE REC'D BY LOCAL REG.: Oct. 10, 1956
REGISTRAR'S SIGNATURE: Marvin V. Schooler
25. FUNERAL DIRECTOR'S SIGNATURE: Schooler Funeral Home
ADDRESS: Fairfax Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1960

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 Marvin W. Schaeler

Licensed Embalmer No. 4164

P. O. Address Fairfax, Missouri

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.