

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5400**

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4286** Registrar's No. **15**

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|--|--|---|--|
| 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) OR TOWN Lagrange | | c. CITY OR TOWN Lagrange | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION No Street Address | | e. STREET ADDRESS (If rural, give location) No Street Address | |

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|---|--|---|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Edward c. (Last) Griesbaum | | | 4. DATE OF DEATH MARCH 4, 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH November 13, 1892 | | 9. AGE (in years last birthday) 64 | | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer | | 10b. KIND OF BUSINESS OR INDUSTRY Building | | 11. BIRTHPLACE (City and State or Foreign Country) Marion County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Joseph Griesbaum | | 13b. MOTHER'S MAIDEN NAME MARY Brandt | | 14. NAME OF HUSBAND OR WIFE CORA Griesbaum | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. lost | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Cora Griesbaum Lagrange, Mo. | |

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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) PULMONARY EDEMA | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 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) Lagrange Mo MO | |
| 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 **DEC 4, 1956** to **MARCH 4, 1957**, that I last saw the deceased alive on **MARCH 2, 1957**, and that death occurred at **11:35 P.M.**, from the causes and on the date stated above.

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|---|--|---------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE W L Ellery MD (Degree or title) | | 23b. ADDRESS Lagrange Mo | | 23c. DATE SIGNED 3/6/57 | |
|---|--|---------------------------------|--|--------------------------------|--|

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|--|--|--------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE MARCH 8, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Dover | |
| 24d. LOCATION (City, town, or county) (State) Lewis County Mo | | | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 3-7-57 | | REGISTRAR'S SIGNATURE P.W. Jennings M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. Kenneth Bailey Lagrange, Mo | |
|--|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

1610

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. Kenneth Bailey

Licensed Embalmer No. *4276*

P. O. Address *La Grange,*

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.