

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 022161  
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>Waynesville, Mo</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Crocker, Missouri</b> Inside Limits OR <b>085</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>Way. General Hosp</b> <b>Unknown</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm <b>Rural Rt. # 1.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Carl Ellison Grunige</b> First Middle Last			4. DATE OF DEATH Month <b>6</b> Day <b>16</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 13, 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Crocker, Mo. Rural.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Albert Grunige</b>			14. MOTHER'S MAIDEN NAME <b>Elle Elizabeth Rean</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yrs. give year or dates of service) <b>Yes War 11</b>		16. SOCIAL SECURITY NO. <b>497-03-9633</b>	17. INFORMANT Address <b>Mrs. William Ray Thomas Kansas City Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Parvina, terminal</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Parvina sugar on felix</b> DUE TO (c) <b>thunk year</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>960X 25</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Stomach began in street in St. Louis</b>	
20c. TIME OF INJURY Hour <b>7:30</b> a. m. Month, Day, Year <b>Nov 17 1954</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>on street</b>	20e. CITY, TOWN, OR LOCATION <b>000</b> COUNTY STATE
21. I attended the deceased from <b>1956 to June 1957</b> and last saw him alive on <b>July 1957</b> Death occurred at <b>11:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>L. Mallette MD</b>	22b. ADDRESS <b>Crocker, Missouri</b>	22c. DATE SIGNED <b>6/17/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/18/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemet.</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Home Crocker, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED 6-22-57  
Pulaski County Health Officer  
File Number 77  
Date Filed 6-18-57

JUL 3 1957  
JUL 1 1957

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 *Clarence Morse* .....

Licensed Embalmer No. 45

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.