

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017228
STATE FILE NUMBER

FILED JUN 5 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 121

S. 300
v. 1-57

b

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery | |
| b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Mexico | | c. CITY OR TOWN Montgomery City 0700 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital | | d. STREET ADDRESS (If outside, give location) — | |
| Length of stay in lb 2 days | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Daniel Middle Peter Last Grennan | | | 4. DATE OF DEATH Month June Day 2 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 8, 1899 |
| 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months — Days — Hours — Min. — | IF UNDER 24 HRS. Hours — Min. — |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Light Company Power & Light Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Montgomery City, Missouri | 11. BIRTHPLACE (City and state or country) USA |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Joseph B. Grennan | 13b. MOTHER'S MAIDEN NAME Martha Tippet |
| 14. NAME OF HUSBAND OR WIFE Gladys Grennan | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 490-09-6226 |
| 17. INFORMANT Gladys Grennan | | Address Montgomery City, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary embolism | | | 24 hrs. |
| DUE TO (c) Coronary Artery disease | | | Unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstruction of 1st part of jejunum | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour — Month — Day — Year — a.m. — p.m. — | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 5-31-58 to 6-2-58 and last saw her/him alive on 6-2-58 Death occurred at 2:12 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE H. L. Swan (Degree or title) 10-0 | | 22b. ADDRESS Mexico, Mo | |
| 22c. DATE SIGNED 6-3-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 4, 1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | 23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri |
| 24. FUNERAL DIRECTOR Sohlanker Funeral Home | | 25. DATE REC'D. BY LOCAL REG. June 3 1958 | 26. REGISTRAR'S SIGNATURE Blanche Keely |

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JUN 23 1958

VS

FILE I

1959

JUN 26 1958

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. Boone Schraeder*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City*

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.