

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008260
STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in 1b	d. STREET ADDRESS RD, Niniveh Twp
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Josephine Angelina Grgurich			4. DATE OF DEATH Month Day Year April 2, 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 17, 1879	9. AGE (In years birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Mrkopljia, Yugo Slavia	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Paul Skinder		13b. MOTHER'S MAIDEN NAME Katherina		14. NAME OF HUSBAND OR WIFE Matt R. Grgurich dec'd	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 486 18 7502 B	17. INFORMANT Jakie Grgurich, Novinger, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic PNEUMONIA DUE TO (b) CONGESTIVE MYOCARDIAL FAILURE DUE TO (c) HYPERTENSIVE HEART DISEASE - CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH Prior to 3-30-59 Many months Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Strangled h. FEMORAL HEMATOMA		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.) 4301	
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 Kirksville, Mo.	COUNTY Novinger	STATE
21. I attended the deceased from Death Occurred at 3:30-59 to 4-2-59 and last saw her alive on 4-1-59 m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Paul Skinder Jr Do	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 4-3-59		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/4/59	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery	23d. LOCATION (City, town, or county) Novinger, Mo.
24. FUNERAN DIRECTOR Paul Skinder Jr	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 4-3-1959	26. REGISTRAR'S SIGNATURE David W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

ALL diseases in Part I must be capably relayed. EARL LAUGHLIN, JR. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

APR 16 1959

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 Richard R. Ellis

Licensed Embalmer No. 5036

P. O. Address Kirkville, Mo.

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.