Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017178
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Meramec — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Mi NE of Steelville — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN 0280 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS SAME AS 1c. (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Annie Middle: Francis Last: Gruver
4. DATE OF DEATH Month 5 Day 8 Year 59
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 10-14-74
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR: Months 6 Days 24 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Wesco, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Nicholson
13b. MOTHER'S MAIDEN NAME Elizabeth Zigler
14. NAME OF HUSBAND OR WIFE —
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. None
17. INFORMANT Mrs. Chester Brown Address Steelville

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of rectum — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease 154X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-30-56, to 5-9-59 and last saw her alive on 5-4-59
Death occurred on — m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. Baumann M.D. (Degree or title)
22b. ADDRESS Steelville, Mo.
22c. DATE SIGNED 5-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-11-59
23c. NAME OF CEMETERY OR CREMATORY Barnicle Chapel
23d. LOCATION (City, town, or county) Crawford Co. (State) Mo.

24. FUNERAL DIRECTOR Harry M. Jonas ADDRESS Steelville
25. DATE RECD. BY LOCAL REG. 5/16/59
26. REGISTRAR'S SIGNATURE Mrs. Hazel Lickiss

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steeleville

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.