

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045301

FILED VS DEC 27 1960 **43**

STATE FILE NUMBER

Registration District No. **43** Primary Registration District No. _____ Registrar's No. **662**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-Black Riv. Twp		Length of stay in lb 1 YEAR	c. CITY OR TOWN RURAL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RINGO FORD RESORT		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hiway #160 - NEAR FAIRDEALING
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIE Middle GRUENEWALD Last _____			4. DATE OF DEATH NOV. 22-1960 Month _____ Day _____ Year _____		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-12-1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) TENNESSEE	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME RAS PORTER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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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. 337-05-2365	17. INFORMANT THERESA Williams-WATSON	Address 9201
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	3 years
	DUE TO (c) Advanced Age	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from Jun. 18, 1957 to Nov. 22, 1960 and last saw her alive on Nov. 18, 1960 Death occurred at _____ _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith, D.O.	(Degree or title)	22b. ADDRESS Naylor, Mo.	22c. DATE SIGNED 12-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 26-1960	23c. NAME OF CEMETERY OR CREMATORY NEN ST. MARCUS	23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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24. FUNERAL DIRECTOR EDWARDS-PARENT-NAYLOR, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/12/60	26. REGISTRAR'S SIGNATURE R. K. Newberry
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 22 030
DEC 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene A Parent

Licensed Embalmer No. 4809

P. O. Address Naylor

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.