MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017254
STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 53

FILED MAY 19 1961

1. PLACE OF DEATH
a. COUNTY IRON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ARCADIA MO. Rural
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME FOR AGED BAPTIST
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST FRANCOIS
c. CITY OR TOWN DOE RUN
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS GEN DEL. (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CYNTHIA Middle Last GRUNER
4. DATE OF DEATH Month APRIL Day 28 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/26/68
9. AGE (last birthday) 93
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHING
10b. KIND OF BUSINESS OR INDUSTRY TEACHING
11. BIRTHPLACE (City and state or country) IRON MOUNTAIN MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PHILIP GRUNER
13b. MOTHER'S MAIDEN NAME JANE JORDON
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 PHILIP MATKIN Address DOE RUN MO.

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Generalized arteriosclerosis — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-13-58, to 4-28-61 and last saw her alive on 4-27-61
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marvin C. Manne MD (Degree or title)
22b. ADDRESS
22c. DATE SIGNED 4-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5/1/61
23c. NAME OF CEMETERY OR CREMATORY MASONIC
23d. LOCATION (City, town, or county) DOE RUN MO. (State)

24. FUNERAL DIRECTOR C.H.COZEAN ADDRESS FARMINGTON MO.
25. DATE RECD. BY LOCAL REG. 5-1-61
26. REGISTRAR'S SIGNATURE Mrs Ora Jones

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

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 C. R. Harrell

Licensed Embalmer No. 3670

P. O. Address Ironton, [illegible]

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.