

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1565

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>41 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>230 North Fall</u>				d. STREET ADDRESS (If rural, give location) <u>230 North Fall</u>			
3. NAME OF DECEASED (Type or Print) <u>MRS. ELLA</u>			<u>GRIESSER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 7, 1859</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Jehonnan Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Leopold Field</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mary Cooper (deceased)</u>			14. NAME OF HUSBAND OR WIFE <u>Leopold Field</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles F. Griesser</u>		ADDRESS <u>Joplin Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-12-47</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4421</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-12</u> , 19 <u>47</u> , to <u>1-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>49</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. D. James</u>				23b. ADDRESS <u>Joplin Mo.</u>		23c. DATE SIGNED <u>1/20/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-49</u>		REGISTRAR'S SIGNATURE <u>Ed. D. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Elmer Statton</u>		ADDRESS <u>Joplin Mo.</u>	

by Ed. D. James Registrar's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
2
5

MAR 4 1950

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.....

*William E. Freer*Student Embalmer No. *283*

working under my personal supervision.

Signed *William E. Freer*
Student EmbalmerSigned *Perry K. Hurlbut*Licensed Embalmer No. *959*P. O. Address *Joplin, Missouri*

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 this body is not embalmed, fact should be so stated above.