

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38

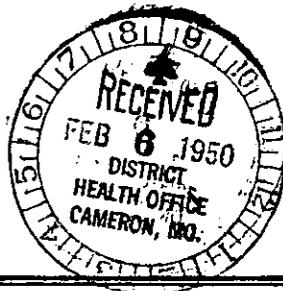
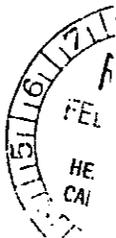
BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 409

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Mile So Fillmore Mo</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mile So Fillmore</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelie</u> b. (Middle) <u>Cristine</u> c. (Last) <u>Wilemine Grishow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>29 June 1874</u>
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>Home</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Denem Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Templin</u>		13b. MOTHER'S MAIDEN NAME <u>Merie (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>John Grishow</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Grishow, Fillmore Mo RFD</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Jan 22</u> , 19 <u>50</u> , to <u>Jan 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>50</u> and that death occurred at <u>10:50am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. H. Kelley, M.D.</u>		23b. ADDRESS <u>Sevannah, Missouri</u>	23c. DATE SIGNED <u>Jan 31-5</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-1-50</u>	REGISTRAR'S SIGNATURE <u>Fillmore</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Dean Cole, Sevannah, Mo</u>	

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

0020

(Licensed Embalmer's Statement on Reverse Side)



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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.