

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23993

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Anderson (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Anderson (Rural)</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			
3. NAME OF DECEASED a. (First) <b>MARY</b>		b. (Middle) <b>Viola</b>	
c. (Last) <b>GRIEG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-4-1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-18-1883</b>
9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 100 Hrs. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (State or foreign country) <b>Webb City Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>W.M. DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BARGER</b>	
14. NAME OF HUSBAND OR WIFE <b>GEO. GRIEG</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>G. Grieg</b>		ADDRESS <b>Anderson Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3yr's</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>no injury</b>			
22. I hereby certify that I attended the deceased from <b>May</b> , 19 <b>48</b> , to _____, 19____, that I last saw the deceased alive on <b>7-4</b> , 19 <b>50</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> D.O.		23b. ADDRESS <b>Anderson, Mo</b>	
23c. DATE SIGNED <b>7-8-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-6-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anderson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Anderson Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-9-50</b>		REGISTRAR'S SIGNATURE <b>423</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>[Address]</b>	

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 7 1950

Dist. File 850-945

Date Filed 8-7-50

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 .....  
Student Embalmer

Signed *H. M. Humphrey Jr.*.....

Licensed Embalmer No. *4708*.....

P. O. Address *Noel, Mo.*.....

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.