

FILED OCT 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6080 Registrar's No. 70

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

1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve, - Saline Twp</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. <b>Missouri</b> <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ste. Genevieve Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Saline Twp</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Near Coffman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED a. (First) <b>John</b>		b. (Middle) <b>Louis</b>		c. (Last) <b>Grishaber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1950</b>	
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12/16, 1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ste. Genevieve County, Mo</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Casper Græshaber</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Langulia</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Maude Jennings</b>
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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)	16. SOCIAL SECURITY NO. <b>499-20-9615</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. J. Grishaber River A vx Vases Rt. 1</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Res. C. Barber Coroner</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>Ste. Genevieve Mo</b>	23c. DATE SIGNED <b>9/24/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/27/50</b>	24c. NAME OF CEMETERY, OR CREMATORY <b>Catholic Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Ste Genevieve Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 2, 1950</b>	REGISTRAR'S SIGNATURE <b>Leresa M. Karl Dep</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cpzean Funeral Home</b>	ADDRESS <b>Farmington, Mo.</b>
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File No.  
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

OCT 13 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*C. H. Cozear*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.