

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32657**
Registrar's No. **1156**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1156**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosendale, Mo 1020	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MAY c. (Last) GRISHOW			4. DATE OF DEATH (Month) (Day) (Year) October 12 1950		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH July 1, 1880		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 3 Days 11	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Worthington, Minn.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Charles B. Moore		13b. MOTHER'S MAIDEN NAME JANE Miller		14. NAME OF HUSBAND OR WIFE ELIJAH GRISHOW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIJAH GRISHOW, Rosendale Mo	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Pancreatitis			INTERVAL BETWEEN ONSET AND DEATH 10 days
		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.			5890

19a. DATE OF OPERATION Oct 4 1950		19b. MAJOR FINDINGS OF OPERATION Pancreatitis		20. AUTOPSY? YES <input checked="" 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)		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 **Sept 28 1950** to **Oct 12 1950**, that I last saw the deceased alive on **10-12-50**, 1950, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Jorgensen (Degree or title) M.D.		23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 10-14-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 14 1950		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) (State) Savannah Mo	
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DATE REC'D BY LOCAL REG. Oct 16 1950		REGISTRAR'S SIGNATURE Carl C. Castal		FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Dean Cook Savannah, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *C. Dean Cole*

Signed.....
Student Embalmer

Licensed Embalmer No. *4670*

P. O. Address *Savannah, 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.