

1070

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

BIRTH NO. _____		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6205		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pierce Twp.		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - PIERCE TWP 1070.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) CATHERINE			a. (First)	b. (Middle)	c. (Last) Gribas	4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 6, 1876		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR 0	IF UNDER 12 HRS. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) LITHUANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MATHEW Gribas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME REV. F. LOVE ADDRESS Willow Springs RR.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation Acute					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Decompensation Chronic Longstanding						
	DUE TO (c) Unknown.						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unknown.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS 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 3/6, 1951 to 3/6, 1951 , that I last saw the deceased alive on 3/6, 1951 , and that death occurred app 8:00 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.B. Felton, M.D.				23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 3/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/27/51	24c. NAME OF CEMETERY OR CREMATORY Willow Springs City		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.		
DATE REC'D BY LOCAL REG. Mar 30-51		REGISTRAR'S SIGNATURE Arhna Roberts		FUNERAL DIRECTOR'S SIGNATURE 433 Burns - Willow Springs, Mo.		ADDRESS _____	

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

RECEIVED APR 4 1951

Dist. File 451-236

Date Filed 4-6-51

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

John R. Usrey
working under my personal supervision.

Student Embalmer No. 476

Signed John R. Usrey
Student Embalmer

Signed J. C. Burns
Licensed Embalmer No. 3379

P. O. Address Hillside Springs, 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.