

FILED OCT 27 1951

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

State File No. 34419
Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 5808

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>High Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>High Hill</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Ida</u>	b. (Middle)	c. (Last) <u>GREBE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1951</u>
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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>Oct 26 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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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>-</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>Richard KOPP</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Flute</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Grebe</u>
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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. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Grebe</u>	ADDRESS <u>High Hill Mo</u>
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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 <u>3 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus</u>		
	ANTECEDENT CAUSES Possible after affect of mild <u>endocarditis in years past.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>endocarditis in years past.</u> DUE TO (c) <u>Arteriosclerosis & hypertension</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Sept. 26, 1949, to Oct. 11, 1951, that I last saw the deceased alive on Sept. 2, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. K. Thompson DA</u>	(Degree or title)	23b. ADDRESS <u>New Florence, Mo.</u>	23c. DATE SIGNED <u>10-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>	24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 16-51</u>	REGISTRAR'S SIGNATURE <u>Thos May Miller 206</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Dandy</u>	ADDRESS <u>Springfield</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0750

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1951

RECEIVED

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 *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Conisburg 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.