

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2300
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **6290** Registrar's No. **9**

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| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bural S. Benton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bural S. Benton 20³⁰n | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) Elkland Md | |

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|---|----------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sophia | b. (Middle) - | c. (Last) Griesbaum | 4. DATE OF DEATH (Month) (Day) (Year) 2-10-1952 |
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|-----------------|---------------------------|---|--------------------------------------|---|--|--|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH Nov. 27-1860 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months 2 Days 13 | IF UNDER 6 HRS. Hours - Min. - |
|-----------------|---------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) NEW Baten ILL | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Michael Oswald Thresa | 13b. MOTHER'S MAIDEN NAME Steffe | 14. NAME OF HUSBAND OR WIFE Frank S. Griesbaum |
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| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME G. Bennett | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the head of the pancreas with metastasis of the liver and spine | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 157X | 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) |
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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 **January 12, 1952**, to **February 10, 1952**, that I last saw the deceased alive on **February 10, 1952**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE G. Bennett (Degree or title) D. O. | 23b. ADDRESS Buffalo, Missouri | 23c. DATE SIGNED 2/11/52 |
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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-13-1952 | 24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem | 24d. LOCATION (City, town, or county) (State) Springfield Mo. |
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| DATE REC'D BY LOCAL REG. 2-12-52 | REGISTRAR'S SIGNATURE Grace Peter | 25. FUNERAL DIRECTOR'S SIGNATURE Montgomery-Vaughan | ADDRESS Buffalo, Mo. |
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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 *Clyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.