

# STANDARD CERTIFICATE OF DEATH

State File No. **37989**

FILED **OCT 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **161**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Scott</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Matthews</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route #3</b>	<b>0720</b> <b>1</b>

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>—</b> c. (Last) <b>Gruen</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10-5-1953</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>2-10-1870</b>
<b>9. AGE</b> (in years last birthday) <b>83</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Highland, Illinois</b>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>New Madrid</b>	

<b>13a. FATHER'S NAME</b> <b>John Gruen (decd)</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Lembach (dec.)</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Amelia Gruen (deceased)</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>—</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charles Gruen</b>
		<b>ADDRESS</b> <b>Matthews, Mo.</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 week</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial infarction</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary atherosclerosis</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>3 mos.</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>152X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22: I hereby certify that I attended the deceased from 9-28, 1953, to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Dr. M. J. Jarno</b>	<b>23b. ADDRESS</b> <b>Matthews Mo.</b>	<b>23c. DATE SIGNED</b> <b>10-6-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>10-7-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MEMORIAL PARK</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>SIKESTON MO.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>10-14-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Ella Hunter</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Welsh Funeral Home - Sikeston Mo</b>	<b>ADDRESS</b>
--	---	--	----------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

OCT 19 1953  
RECEIVED  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053-236

JAN 28 1957

NOV 8 1956

NOV 8 1956

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Gaus  
Licensed Embalmer No. 3467  
P. O. Address Leicester

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.