FILED JUN 7 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15186

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 6

0170

1. PLACE OF DEATH
a. COUNTY: Carroll.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne.
c. LENGTH OF STAY (in this place): 15 Years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 212. West 4th Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Carroll.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne. 0170
d. STREET ADDRESS (If rural, give location): 212. west 4th Street.

3. NAME OF DECEASED (Type or Print): a. (First) Flora. b. (Middle) Sofia. c. (Last) Grieser.

4. DATE OF DEATH (Month) (Day) (Year): June. 3. 1954.

5. SEX: Female 1
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 2
8. DATE OF BIRTH: Oct. 24. 1891.
9. AGE (In years last birthday): 62. IF UNDER 1 YEAR Months Days 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: Own Home.
11. BIRTHPLACE (State or foreign country): Heneretta Ray County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Gustave. Telgemeier.
13b. MOTHER'S MAIDEN NAME: Johona. Schloester.
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 487-34-2074
17. INFORMANT'S SIGNATURE OR NAME: Mrs Freida Witte ADDRESS: Norborne 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Incompetent Heart — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Stroke apoplectic 18 mos ago
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 334 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 29, 1952, *to* June 3, 1954, *that I last saw the deceased alive on* June 3, 1954, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. M. Smith Dr 1
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: June 4 '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5. 1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Fairhaven Cemetery.
24d. LOCATION (City, town, or county) (State): Norborne Missouri.

DATE REC'D BY LOCAL REG.: June 5-1954
REGISTRAR'S SIGNATURE: Eileen Penniston 46-C
25. FUNERAL DIRECTOR'S SIGNATURE: John S Hutch Jr ADDRESS: Norborne, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1954

## 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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John G. Deitch Jr

Licensed Embalmer No. 4798

P. O. Address Narbonne

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.