

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27390**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **4461** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck	c. LENGTH OF STAY (in this place) 9 yrs.	c. CITY OR TOWN Bismarck	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0940	
3. NAME OF DECEASED (Type or Print) Lena Grehan			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-19-1887
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR: Months 9 Days 17	IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Operator		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Louisville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Erwin	13b. MOTHER'S MAIDEN NAME Ann Cogley
14. NAME OF HUSBAND OR WIFE Lawrence Grehan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-38-4954
17. INFORMANT'S SIGNATURE OR NAME Lawrence Grehan		ADDRESS Bismarck, Missouri	
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) CIRCULATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH 15 MIN.	
ANTECEDENT CAUSES DUE TO (b) DECOMPENSATING HEART DISEASE		4 MO.	
DUE TO (c) CHRONIC GLOMERULONEPHRITIS		5 EV. YEARS	
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		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) 592 X	
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	
22. I hereby certify that I attended the deceased from 5-5 19 55 to 9-6 19 55 , that I last saw the deceased alive on 9-5 19 55 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. A. Mendigob (Degree or title) D.O.		23b. ADDRESS Bismarck, Missouri	23c. DATE SIGNED 9-7-1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-1955	24c. NAME OF CEMETERY OR CREMATORY Orchard Hill Cem.	24d. LOCATION (City, town, or county) (State) Louisville, Illinois
DATE REC'D BY LOCAL REG. Sept. 7, 1955	REGISTRAR'S SIGNATURE Ether Redloff	25. FUNERAL DIRECTOR'S SIGNATURE Shipman & Sons ADDRESS Bismarck, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5

SEP 13 1957

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 *John N. Shipman*
Licensed Embalmer No. 4881

P. O. Address Bismarck, Mis

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.