FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20004

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5312 Registrar's No. 6

1. PLACE OF DEATH

a. COUNTY: COOPER

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) CLARKS FORK

c. LENGTH OF STAY (In this place): 5 years

d. ~~FULL NAME OF HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): PRAIRIE HOME MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: COOPER

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (RURAL) CLARKS FORK 0270

d. STREET ADDRESS (If rural, give location): PRAIRIE HOME MO

3. NAME OF DECEASED (Type or Print)

a. (First): FRANK

b. (Middle): JOHN

c. (Last): GRIESEBACH

4. DATE OF DEATH (Month) (Day) (Year): JULY 1 - 1956

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 28 - 1886

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM TENANT

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (City and State or Foreign Country): MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: HENRY GRIESEBACH

13b. MOTHER'S MAIDEN NAME: SARA HOUCK

14. NAME OF HUSBAND OR WIFE: BERTHA GRIESEBACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 491-36-9728

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Bertha Griesebach Prairie home

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): Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio-sclerosis

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

4200

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* No attendance *19__ to 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R L Delaneyre MD

23b. ADDRESS: Boonville Mo

23c. DATE SIGNED: 7/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 7/3-1956

24c. NAME OF CEMETERY OR CREMATORY: MONITEAU CEM

24d. LOCATION (City, town, or county) (State): NEAR PRAIRIE HOME MO

DATE REC'D BY LOCAL REG.: July 3-1956

REGISTRAR'S SIGNATURE: U. T. Meredith

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. ALBERT HORNBACK PRAIRIE HOME MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1956

1958

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 E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home

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

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