

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33355**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **4073** Registrar's No. **455**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Appleton MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Appleton Mo	
c. LENGTH OF STAY (In this place) 7		d. STREET ADDRESS (If rural, give location) 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Appleton Mo		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print). a. (First) William b. (Middle) Henry c. (Last) Grebe	4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan 12 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9	IF UNDER 2 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Old Appleton Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Theodor Grebe	13b. MOTHER'S MAIDEN NAME Mary Oehl	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME E H Ruesler ADDRESS Old Appleton Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
	ANTECEDENT CAUSES Morbid 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. Cholecystitis, Subacute		3 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) m.	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 **Sept**, 1952, to **Oct. 13**, 1956, that I last saw the deceased alive on **Oct 6**, 1956, and that death occurred at **3** m., from the causes and on the date stated above.

23a. SIGNATURE C. F. McDonald (Degree or title) M.D.	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED 10-13-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 15 1956	24c. NAME OF CEMETERY OR CREMATORY Zion M E Cemetery	24d. LOCATION (City, town, or county) (State) Old Appleton Mo
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DATE REC'D BY LOCAL REG. 10-16-56	REGISTRAR'S SIGNATURE W. C. Summers	FUNERAL DIRECTOR'S SIGNATURE McComb & Co ADDRESS Jackson Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

440

I.I

DEC 23 1957

DEC 18 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
Student Embalmer

Signed B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.