

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9649

State File No.

FILED MAR 20 1957

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5946</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural So Meramec		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural 0810 Dr.		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Lula		b. (Middle) Ellen		c. (Last) Grubb	
				4. DATE OF DEATH (Month) (Day) (Year) March 10 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 21 1878	
				9. AGE (In years) (Month) (Day) (Hours) (Min.) 78 11 19			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Laun			13b. MOTHER'S MAIDEN NAME Mary Burgess			14. NAME OF HUSBAND OR WIFE George Grubb	
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 ADDRESS Albert Grubb St. James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Myocarditis DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NU					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NU				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NU		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NU			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NU		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NU			
22. I hereby certify that I attended the deceased from <u>Jan 1951</u> , to <u>3/8</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/8</u> , 19 <u>57</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. S. ...				23b. ADDRESS St. James		23c. DATE SIGNED 3/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12 57		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo	
DATE REC'D BY LOCAL REG. 3-12-1957		REGISTRAR'S SIGNATURE Ruth B. Powell		25. GENERAL DIRECTOR'S SIGNATURE Jesse Fahr St. James, Mo			

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

RECEIVED

Phelps County Health Officer,

County File Number 671

Date Filed MAY 10 1937

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 C. June Gahr

Licensed Embalmer No. 4486
200 St. James
P. O. Address

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.