

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44175**

FILED DEC 17 1957

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4221		Registrar's No. 69		
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City			c. CITY OR TOWN Mound City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) 8 yrs.				e. STREET ADDRESS (If rural, give location) 0440				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) FREDERICK		c. (Last) GRISER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1957	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 18, 1858		9. AGE (In years last birthday) 99	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Lyons, Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George C. Griser			13b. MOTHER'S MAIDEN NAME Margaret Kleinschroth		14. NAME OF HUSBAND OR WIFE Leora Griser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Jackson, Mound City, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X					20. AUTOPSY? 2 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)				
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?				
22. I hereby certify that I attended the deceased from June , 1954, to Dec 11 , 1957, that I last saw the deceased alive on Dec 11 , 1957, and that death occurred at 4 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. Anne McRae				23b. ADDRESS 0.0 Mound City Mo		23c. DATE SIGNED 12/14/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/57	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cem.		24d. LOCATION (City, town, or county) (State) Mound City, Missouri			
DATE REC'D BY LOCAL REG. 12/14/57		REGISTRAR'S SIGNATURE James Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Crawford Mound City, Mo.				

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

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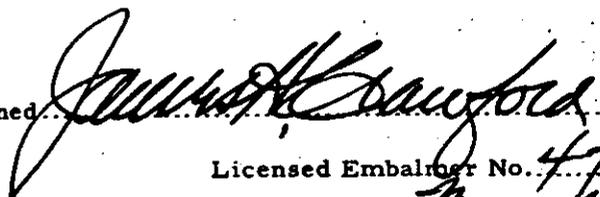
DEC 19 1957
DEC 30 1957

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.....



Licensed Embalmer No. 4776

P. O. Address Round City

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.