

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006543
STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 231 Primary Registration District No. 4306 Registrar's No. 71

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Danville Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>18 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry Ice</u> Middle <u>Lee</u> Last <u>Gruber</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>10</u> Year <u>1958</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>II-27-1875</u>	9. AGE (In years last birthday) <u>82</u>	10. F UNDER 1 YEAR Months _____ Days _____	11. I UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Herman Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>John Gruber</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Beshears</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie C. Gruber^{Decd}</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Lucille Daniels</u>	Address <u>Montgomery City Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis, generalized</u> DUE TO (b) <u>Anemia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>1 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ g.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>Feb. 10, 58</u> to <u>Feb. 10, 58</u> and last saw ^{her} him alive on <u>Feb. 10, 58</u> Death occurred at <u>7:30 A M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Buell Wenzel M.D.</u> (Degree or title)	22b. ADDRESS <u>506 Harper St Montgomery City Mo</u>	22c. DATE SIGNED <u>2-12-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-12-58</u>	23c. NAME OF CEMETERY OR BURIAL PLACE <u>XXXXXX Montgomery City</u>	23d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
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24. FUNERAL DIRECTOR <u>Chas W. Rums</u> ADDRESS <u>Montgomery City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Jane S Callaway</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related.

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, ~~on~~ on the 10th Day of Feb. 1958....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

C. W. Hopkins
Signed *C. W. Hopkins*

Licensed Embalmer No. 1487.....
Montgomery City Mo
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.