

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020571  
STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 319 Primary Registration District No. 5097 Registrar's No. 42

300  
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>STE. Genevieve</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>STE. Genevieve</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. MARYS, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New OFFENBURG</b> 0950 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>IN ROUTE TO HOSPITAL</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>RURAL</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>KENNETH O. GRIESHABER</b>			4. DATE OF DEATH Month Day Year <b>JUNE 1, 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 23, 1932</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>25</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>New OFFENBURG</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>OSCAR P. GRIESHABER</b>		13b. MOTHER'S MAIDEN NAME <b>TARSILLE KREITLER</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address: <b>Mrs Oscar Grieshaber - New Offenburg, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Contusions &amp; Fractures</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6-1-58</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) <b>Automobile Collision</b>		
20c. TIME OF INJURY Hour Month, Day, Year p.m. <b>9:30 - 6-5-58</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>High way 62</b>		20f. CITY, TOWN, OR LOCATION <b>095</b> COUNTY STATE	
21. I attended the deceased from Death occurred at <b>St. Genevieve Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Arthur S. [Signature]</b> (Degree or title)		22b. ADDRESS <b>St. Genevieve Mo</b>	22c. DATE SIGNED <b>6-4-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>6-5-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Weingarten Catholic</b>	23d. LOCATION (City, town, or county) (State) <b>Weingarten MO</b>
24. FUNERAL DIRECTOR <b>BASLER FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>6/5/58</b>	26. REGISTRAR'S SIGNATURE <b>Luella [Signature]</b>

JUN 13 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 .....  
Signature of Student Embalmer

Signed *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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