

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040444

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 223

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webb City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webb City</b> <b>04920</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hosp.</b>		Length of stay in lb <b>73 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>524 S. Roane St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Gertrude</b> Middle <b>Gretz</b> Last <b>Gretz</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>26,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 17, 1885</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Carthage, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Warren La Rue</b>	
13b. MOTHER'S MAIDEN NAME <b>Heneritta West</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Gretz</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>5705</b>	
17. INFORMANT <b>Charles Gretz</b> <b>524 S. Roane St. Webb City, 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>Acute Circulatory Failure</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>Bowel Obstruction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH <b>1 min.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <b>5705</b>	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> o.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from <b>11-16-58</b> to <b>11-26-58</b> and last saw him alive on <b>11-25-58</b> Death occurred at <b>2:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>D. O. 2</b>	
22b. ADDRESS <b>Webb City, Missouri</b>		22c. DATE SIGNED <b>11-26-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-28-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Webb City Cemetery</b>		23d. LOCATION (City, town, or country) (State) <b>Webb City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Johnston-Arnice-Simpson</b> <b>Webb City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-28-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>			

All diseases in Part I must be causally related. No symptoms will be listed.

C.F. GREGORY - P.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 Harvey E. Amee  
Licensed Embalmer No. 4463  
P. O. Address Lehigh 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.**