Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004733
STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Cape Girardeau — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1528 Mew Madrid — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape
c. CITY OR TOWN Cape Girardeau 0164 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1528 New Madrid — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Emma Marie Middle Caroline Last Grebing

4. DATE OF DEATH Month Feb Day 23 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Oct 8 1871
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 3 Days 15 — IF UNDER 24 HRS. Hours Min.

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 country) Wittenburg Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Ehrgott Richter
13b. MOTHER'S MAIDEN NAME Elizabeth Harding
14. NAME OF HUSBAND OR WIFE Martin Grebing (Dead)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mr Ted Grebing Address Cape Gir Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis 157X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-17-55, to 2/23/59 and last saw her alive on 2/23/59
Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D Ridings MD
22b. ADDRESS Cape Girardeau Mo
22c. DATE SIGNED 2/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-26-1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.

24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Gir Mo.
25. DATE RECD. BY LOCAL REG. Feb 28, 1959
26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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. 4994

P. O. Address Cape Girardeau

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.