Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004767
STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 53 Primary Registration District No. Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Gordonville Mo. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Family Home — Length of stay in Ib: 50 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Gordonville Rural 6160 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Bertha Middle: Ida Last: Grossheider

4. DATE OF DEATH Month: Feb Day: 13 Year: 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov 30 1888

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months: 4 Days: 13 — 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): New Wells Mo. 6

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Jacob Koch

13b. MOTHER'S MAIDEN NAME: Minnie Hellweig

14. NAME OF HUSBAND OR WIFE: Martin Grossheider

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 Address: Martin Grossheider, Gordonville Mo

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.

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Sclerosis — 3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension 4201

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 9-30-53 to 2-13-59 and last saw her alive on 2-4-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. N. Jaeger MD

22b. ADDRESS: Jackson, Mo

22c. DATE SIGNED: 2-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-16-1959

23c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery

23d. LOCATION (City, town, or county) (State): Gordonville Mo. R

24. FUNERAL DIRECTOR: Brinkopf Howell Funeral Home — ADDRESS: Cape Girardeau Mo

25. DATE RECD. BY LOCAL REG.: Feb 20, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

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 Neil H. Grossheider

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.