

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006135

STATE FILE NUMBER

FILED MAR 16 1958 Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 41

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nebraska b. COUNTY Merrick	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carterville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Palmer 8260 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 N. Fountain		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lydia Middle Gruber Last Gruber			4. DATE OF DEATH March 11, 1959 Month March Day 11 Year 1959		
---	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 5, 1896	9. AGE (In years last birthday) 62	FUNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours 6 Min.
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Palmer, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	--

13a. FATHER'S NAME Fred Freelend	13b. MOTHER'S MAIDEN NAME Unknown	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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Henry Freelend, Rt. 4 Carthage, Mo Address
--	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 4.201
---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 Palmer	COUNTY Nebraska	STATE Nebraska
---	---	--	---	---------------------------	--------------------------

21. I attended the deceased from 3/11/59 to _____ and last saw her ^{her} _{him} alive on 3/11/59 Death occurred at 4:50P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Mrs. Webb-Gruber (Degree or title) D.O. 2	22b. ADDRESS Webb City, Mo.	22c. DATE SIGNED 3-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-12-59	23c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	23d. LOCATION (City, town, or county) (State) Palmer, Nebraska
---	-----------------------------	--	--

24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 3-12-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
--	--	---

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.**