

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006456

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 231 Primary Registration District No. 5811 Registrar's No. 11

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> <b>Montgomery</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montgomery Cbty Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Montgomery City Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS <b>none</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bernard</b> Middle <b>Sidney</b> Last <b>Grennan</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>9</b> Year <b>1959</b>		
5. SEX <b>Male</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>II-26-1866</b>		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdays) <b>92</b> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Montgomery City Mo</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Peter Grennan</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Worland</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>no</b>		17. INFORMANT Address <b>Harry Hollenbeck, Montgomery 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>Cerebral Hemorrhage and</b> DUE TO (b) <b>Hypertensive Cerebrovascular disease</b> DUE TO (c) <b>Hypostatic Pneumonia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis &amp; Sclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2-7-59</b> <b>2-7-36</b> <b>2-8-59</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>443x</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK <input type="checkbox"/> <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>1-27-59</b> to <b>2-9-59</b> and last saw him alive on <b>2-8-59</b> Death occurred at <b>5:00 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>E. T. Anderson, M.D.</b> (Degree or title)			22b. ADDRESS <b>Montgomery City Mo</b>		22c. DATED <b>1/9/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-12-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Worland Cemetery</b>	
23d. LOCATION (City, town, or county) <b>1 mile south Montgomery City Mo</b>		(State)			
24. FUNERAL DIRECTOR <b>Worland</b> ADDRESS <b>Montgomery City Mo</b>			25. DATE RECD. BY LOCAL REG. <b>2-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Laura B. Callaway</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 2 6 1959

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, ~~on~~ on the 9th day of Feb 1959, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *C. W. Hopking* .....  
*C. W. Hopking*

Licensed Embalmer No. 1487  
Montgomery City Mo  
P. O. Address .....

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.