URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-029576

STATE FILE NUMBER

FILED VS AUG 25 1959 160163 Registration District No. 160163 Primary Registration District No. 5593 Registrar's No. 58

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1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Joachim~~ (PLATTIN) Length of stay in 1b 2 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HOME ROSE HILL NURSING Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First ELLA Middle Last GRASSINGER

4. DATE OF DEATH Month AUGUST Day 15 Year 1959

5. SEX FEMALE
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-13-1880
9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME TOM WILLIAMS
13b. MOTHER'S MAIDEN NAME ELIZABETH CRAFT
14. NAME OF HUSBAND OR WIFE WILLIAM GRASSINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT LAWRENCE GRASSINGER Address ARNOLD MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiovascular disease
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 _____, to _____ and last saw her/him alive on _____
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) [signature]
22b. ADDRESS [signature]
22c. DATE SIGNED [signature]

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-18-59
23c. NAME OF CEMETERY OR CREMATORY ST JOSEPHS
23d. LOCATION (City, town, or county) (State) PRAIRIE DU ROCHER, ILL.

24. FUNERAL DIRECTOR VERNON C. DASHNER ADDRESS RED BUD ILLINOIS
DASHNER FUNERAL HOME (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. Aug 19-59
26. REGISTRAR'S SIGNATURE [signature] Marie Farris

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

OCT 5 1959

DATE RECEIVED
AUG 24 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed NO EMBALM-

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.