

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019785

FILED VS JUN 8 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 124 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 1 week		c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MATTIE Middle GRIEB Last GRIEB				4. DATE OF DEATH Month May Day 30 Year 1960									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-15-66		9. AGE (last birthday) 94		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR 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 at home		11. BIRTHPLACE (City and state or country) Jasper Co., Mo.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME John Riley Moss				13b. MOTHER'S MAIDEN NAME Nancy Boxley				14. NAME OF HUSBAND OR WIFE Anson A. Grieb					
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. none		17. INFORMANT Address Mrs. H.F. Spence, Rte 3, Carthage, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embolism, Cerebral Artery										INTERVAL BETWEEN ONSET AND DEATH 6 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture Rt Humerus										6 days			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.)									
20c. TIME OF INJURY Hour 9 Month, Day, Year 5/27/60													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home		20f. CITY, TOWN OR LOCATION R#3 Carthage		COUNTY Jasper		STATE Mo					
21. I attended the deceased from May 27, 1960 to 5-30-60 and last saw her alive on 5-29-60 Death occurred at 5:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE George H. Wood (Degree or title)						22b. ADDRESS MD 1515 Hazel, Carthage, Mo			22c. DATE SIGNED 5-31-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-2-60		23c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery				23d. LOCATION (City, town, or county) (State) Rte 3, Carthage, Mo					
24. FUNERAL DIRECTOR KNELL MORTUARY, Carthage, Mo ADDRESS					25. DATE RECD. BY LOCAL REG. 5-31-60		26. REGISTRAR'S SIGNATURE [Signature]						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

