

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030169

FILED VS SEP 15 1960

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 14

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Franklin	a. STATE Missouri		COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven	Length of stay in 1b entire life	c. CITY OR TOWN New Haven	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	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)			4. DATE OF DEATH	
First Emma	Middle Louise	Last Grannemann	Month Sept.	Day 5
			Year 1960	

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24, 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Month 11 Days 11	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 Home maker	11. BIRTHPLACE (City and state or country) Gerald Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
---	--	---	--

13a. FATHER'S NAME Henry L. Knehans	13b. MOTHER'S MAIDEN NAME Minnie Knauper	14. NAME OF HUSBAND OR WIFE Henry C. Grannemann
---	--	---

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 Mrs. Adolph Meyer New Haven 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)	Cerebral Hemorrhage	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral arteriosclerosis & hypertension	2-3 years
	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. <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 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 a.m. p.m.	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
--	--	---

21. I attended the deceased from 4/30/51 to 9/5/60 and last saw her alive on 9/5/60
Death occurred at 9:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. P. Wisniewski M.D.	22b. ADDRESS New Haven Mo.	22c. DATE SIGNED 9/7/60
--	--------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-8-1960	23c. NAME OF CEMETERY OR CREMATORY Ebenezer Stone Church	23d. LOCATION (City, town, or county) Gerald Mo.
--	------------------------------	--	--

24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo.	25. DATE RECD. BY LOCAL REG. 9-7-1960	26. REGISTRAR'S SIGNATURE Lawrence Wheeler Deputy
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl C. Juty
Licensed Embalmer No. 3385

P. O. Address New Haven

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.