MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

-61-000526

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 25

RITE TUB AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 40 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Maple Crest Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Cape Gir. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 430 N Fredrick — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Emma — Middle: Marie — Last: Grossheider

4. DATE OF DEATH: Month: Jan — Day: 8 — Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-21-1869

9. AGE (last birthday): 91

IF UNDER 1 YEAR: Months: 3 Days: 17

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: None

11. BIRTHPLACE (City and state or country): Gordonville Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: William Luecke

13b. MOTHER'S MAIDEN NAME: Charalette Schneider

14. NAME OF HUSBAND OR WIFE: Fred W -(Deceased)

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: Mr Henry Grossheider, Cape Gir.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral hemorrhage — 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): Generalized arteriosclerosis — 4 yr
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 1948, to 8 Jan 61 and last saw her alive on 7 Jan 61
Death occurred at 4:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh V. Ashley Jr MD

22b. ADDRESS: Cape Girardeau Mo

22c. DATE SIGNED: 1-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-10-1961

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR — ADDRESS: Brinkopf Howell, Cape Gir Mo.

25. DATE RECD. BY LOCAL REG.: 1-17-61

26. REGISTRAR'S SIGNATURE: Irma Karsten

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed W. H. Foster

Signature of Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau 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.