

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-004470

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED VS MAR 8 1961

## 1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kirksville

Length of stay in 1b

3 mos

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Stickler

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Schuyler

c. CITY

OR TOWN

Queen City

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

2 1/2 miles No. Queen City

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Mary

Ethel

Gramsch

## 4. DATE OF DEATH

Month

Day

Year

Feb

26

'61

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-20-1888

## 9. AGE (last birthday)

72

## 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)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Schuyler County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

Wynnes Grant Brenner

## 13b. MOTHER'S MAIDEN NAME

Sibela Hoffman

## 14. NAME OF HUSBAND OR WIFE

William Gramsch

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

William Gramsch

## Address

Queen City, 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)

Pneumonia

Fracture femur &amp; fracture humerus

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arterio Sclerosis, Nephritis, Heart Block

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

5 days

3 months

## 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 ☐ Unknown19. 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.)

Fell in house at home

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

11-24-60

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.)

Home

## 20f. CITY, TOWN, OR LOCATION

Queen City, Missouri--Adair

## COUNTY

## STATE

## 21. I attended the deceased from Nov. 24, 1960 to Feb. 26, 1961 and last saw her alive on Feb. 26, 1961

Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Rostickler MD

## 22b. ADDRESS

107 E. Harrison, Kirksville, Mo.

## 22c. DATE SIGNED

2-27-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb 28 '61

## 23c. NAME OF CEMETERY OR CREMATORY

Queen City Cemetery

## 23d. LOCATION (City, town, or county)

Queen City, Mo

## (State)

## 24. FUNERAL DIRECTOR

Doolley Funeral Home

## ADDRESS

Queen City

## 25. DATE RECD. BY LOCAL REG.

2-27-1961

## 26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1961

APR 6 1961

R.O. STICKLER, M.D.

# 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4619

P. O. Address Queen City

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.