

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014751

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290
FILED MAY 10 1961

Primary Registration District No. _____ Registrar's No. 48

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)													
a. COUNTY <u>Pulaski</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union</u>			Length of stay in 1b	c. CITY OR TOWN <u>Rural Union</u>		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 checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print)				First		Middle		Last		4. DATE OF DEATH		Month		Day		Year	
				<u>Thomas</u>		<u>Edward</u>		<u>Grempczynski</u>		<u>4</u>		<u>12</u>		<u>1961</u>			
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR					
<u>Male</u>		<u>White</u>				<u>1/19/1893</u>		<u>68</u>		Months		Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY					
<u>Farming--Retired</u>				<u>Own Farm</u>				<u>Pulaski County, Mo.</u>				<u>U. S. A.</u>					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
<u>Joseph Grempczynski</u>				<u>Mary Jane Dovel</u>				<u>Edith Grempczynski</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						17. INFORMANT						Address					
<u>NO</u>						<u>Mrs. T. E. Grempczynski, Dixon, Missouri</u>											
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) <u>RUPTURED ABDOMINAL AORTIC ANEURYSM</u>												<u>YEARS</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												<u>YEARS</u>					
DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>																	
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 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.) <u>NO INJURY</u>									
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 <u>DECEMBER 1959</u> to <u>APRIL 1961</u> and last saw him alive on <u>APRIL 6</u>		Death occurred at <u>3:35 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>William P. Rething M.D.</u> (Name or title)				22b. ADDRESS <u>DIXON, MISSOURI</u>				22c. DATE SIGNED <u>15 April 61</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)									
<u>Burial</u>		<u>4/15/1961</u>		<u>Eagan Cemetery</u>				<u>Pulaski County, Missouri</u>									
24. FUNERAL DIRECTOR				ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE							
<u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>				<u>4-17-61</u>				<u>Paul MacAnderson</u>									

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS MAY 10 1961

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.