

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002373

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 19

FILED FEB 13 1962

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON PLATTIN T.S.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DANBY</u>		c. CITY OR TOWN <u>DANBY</u>	
Length of stay in 1b <u>35 YRS</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 <u>FESTUS MO RRA 1</u>		d. STREET ADDRESS (If outside, give location) <u>FESTUS MO RRA 1</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>DEXTER</u> Last <u>GRUELLE</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/9/78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAFTMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>WORTHINGTON MINN. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS GRUELLE</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE GRAY</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN EVANS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mr Helen Gruelle Dexter Mo RRA 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart disease.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> N. <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 <u>Feb 3, 1962</u> to <u>Feb 6, 1962</u> and last saw her/him alive on <u>Feb 3, 1962</u> . Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. L. Lanning M.D.</u> (Degree or title)		22b. ADDRESS <u>Ste. Genevieve Mo</u>	22c. DATE SIGNED <u>2/7/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/9/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST AGNES</u>	23d. LOCATION (City, town, or county) (State) <u>BLOOMSDALE MO</u>
24. FUNERAL DIRECTOR <u>Sec. Butler Ste. Genevieve Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-9-1962</u>	26. REGISTRAR'S SIGNATURE <u>Marie Farris</u>

FEB 20 1962

**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 Admiral J. E. Eble

Licensed Embalmer No. 4740

P. O. Address St. Benavente, Va.

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.