

FILED JAN 31 1950

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u> c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u> <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in Montrose</u>		d. STREET ADDRESS (If rural, give location) <u>in Montrose</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Anna</u> c. (Last) <u>Greufe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 15-1862</u>
9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Peter Hoebel</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Fick</u>		14. NAME OF HUSBAND <u>Bernard Greufe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Red Greufe</u>		ADDRESS <u>Montrose Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>Ch. Osteo arthritis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>48</u> , to <u>1-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>50</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.E. Baggerly M.D.</u>		23b. ADDRESS <u>Montrose Mo</u>	
23c. DATE SIGNED <u>1-25-50</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamantown Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lubman & Junning</u>	
25. ADDRESS <u>Clinton</u>		DATE REC'D BY LOCAL REG <u>Jan-27-50</u>	
REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 12-49-2009
Date Filed 1-30-50

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
Student Embalmer

Signed Robert J. Dunning

Licensed Embalmer No. 4750

P. O. Address Clinton MS

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 this body is not embalmed, fact should be so stated above.