

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-022601

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 169

FILED JUN 24 1965

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Montgomery City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Carl</b> Last <b>GREBE</b>		4. DATE OF DEATH Month <b>6</b> Day <b>19</b> Year <b>65</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-13-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Att. (Ret.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gas &amp; Oil</b>	9. AGE (last birthday) <b>80</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.
11. BIRTHPLACE (City and state or country) <b>Big Springs, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles Grebe</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Stucken</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>490-14-9989</b>		17. INFORMANT <b>Herbert Grebe</b> Address <b>Montgomery City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MESENTERIC THROMBOSIS</b> DUE TO (b) <b>MYOCARDIAL INFARCTION</b> DUE TO (c) <b>ASCVD</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>48 hrs</b> <b>years</b>	
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 <b>6:30</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>APR 1965</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Mexico, Mo.</b>	
21. I attended the deceased from <b>APR 1965</b> to <b>DEATH</b> and last saw her alive on <b>6-19-65</b> • Death occurred at <b>6:30 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>Mexico, Mo.</b>	
22a. SIGNATURE (Degree or title) <b>Edward J. Davis, MD</b>	22b. DATE <b>June 22, 1965</b>		22c. DATE SIGNED <b>6-19-65</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. NAME OF CEMETERY OR CREMATORY <b>New Florence Cemetery</b>	23c. LOCATION (City, town, or county) <b>New Florence, Missouri</b>	
24. FUNERAL DIRECTOR <b>Schlanker Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>6-22-1965</b>	26. REGISTRAR'S SIGNATURE <b>Alberta Edmonston</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 25 1965

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

*E. Boone Schlanke*

Licensed Embalmer No.

4136

P. O. Address

Montgomery City, 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.