

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20004

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5312 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>COOPER CLARKS Fork</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) CLARKS Fork</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>PRATIE HOME MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRATIE HOME MO</u>		e. STREET ADDRESS (If rural, give location) <u>PRATIE HOME MO</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>JOHN</u> c. (Last) <u>GRIESEBACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1 - 1956</u>	
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 28 - 1896</u>		9. AGE (In years last birthday) <u>60</u> If UNDER 1 YEAR: Months <u>0</u> Days <u>3</u> 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>FARM TENANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>HENRY GRIESEBACH</u>		13b. MOTHER'S M maiden NAME <u>BERTHA GRIESEBACH</u>	
14. NAME OF HUSBAND OR WIFE <u>BERTHA GRIESEBACH</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. <u>491-36-9128</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Griesbach</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, asthma, etc. It means the disease, injury, or complication which caused death.		ADDRESS <u>Prairie Home</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic heart disease</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 10 19, that I last saw the deceased alive on 19, and that death occurred at 5:40 m., from the cause of arterio-sclerotic heart disease.

23a. SIGNATURE <u>M. DeLaage M.D.</u>		23b. ADDRESS <u>Bonnville, Mo.</u>		23c. DATE SIGNED <u>7/2/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTEAU CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>PRATIE HOME MO</u>		24e. NAME OF CEMETERY OR CREMATORY <u>PRATIE HOME MO</u>		24f. LOCATION (City, town, or county) (State) <u>PRATIE HOME MO</u>	

DATE REC'D BY LOCAL REG <u>July 3-1956</u>		REGISTRAR'S SIGNATURE <u>U.T. Meredith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. ALBERT HORNBACK</u>	
				ADDRESS <u>PRATIE HOME MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1956

JUL 9 1956

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home*

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.

THE STATE BOARD OF EMBALMERS