

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36526

State File No. ....

27  
4

BIRTH NO. .... REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 119

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) OR TOWN <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		0272	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BOONLICK BOARDING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>BOONSLICK BOARDING HOME</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ANN</u> c. (Last) <u>GRIESBACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 28-1950</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>NOV. 25 - 1858</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </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 <u>HOUSEKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>MONITEAU COUNTY - MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SQUIRE HOUK</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>W.A. GRIESBACH</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NORMAN GRIESBACH-BOONVILLE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>  </u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>  </u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1944</u> , 19 <u>  </u> , to <u>Nov. 28, 1950</u> , that I last saw the deceased alive on <u>Nov 22, 1950</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M.D. DeGraeve</u>		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>12/1/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC. 1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MONITEAU COUNTY - MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEGNER FUNERAL HOME-BOONVILLE MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-1-50</u>		REGISTRAR'S SIGNATURE <u>DeGraeve 381</u>	

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

RECEIVED

12/4/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12/4/50

JUN 12 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 \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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 this body is not embalmed, fact should be so stated above.