

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26328

16  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 2163

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON</u>	
c. LENGTH OF STAY (In this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1st. South St. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>W.</u> c. (Last) <u>Grossheider</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 1, 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner + Mgr</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Gordonville, Mo</u>
11. BIRTHPLACE (State or foreign country) <u>Gordonville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	13a. FATHER'S NAME <u>Henry Grossheider</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Schneider</u>
14. NAME OF HUSBAND OR WIFE <u>Ida Grossheider</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Grossheider Jackson, Mo.</u> ADDRESS _____
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Previous Myocarditis</u> DUE TO (c) <u>Tremor + Prostate Surgery</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign Prostate Hypertrophy</u>	
19a. DATE OF OPERATION <u>8-10-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostate Hypertrophy</u>	
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)	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>8-8</u> , 19 <u>48</u> to <u>8-12</u> , 19 <u>49</u> that I last saw the deceased alive on <u>8-12</u> , 19 <u>47</u> and that death occurred at <u>6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>806 Broadway - Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>8-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran Church</u>	24d. LOCATION (City, town, or village) (State) <u>Gordonville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-16-49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Jackson, Mo.</u>

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

RECEIVED 8-22-49

Health Officer No. 4

Number 849-119

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 *Lore C. Cacciatto*  
\_\_\_\_\_

Licensed Embalmer No. *4527*  
\_\_\_\_\_

P. O. Address *London 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.