

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 15 1950

State File No. **4266**

BIRTH NO. _____		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 4134		Registrar's No. 19	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Clay		b. STATE Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Rural Platte Township		d. STREET ADDRESS (If rural, give location) 5 Miles S.E. Smithville	
d. CITY (If outside corporate limits, write RURAL and give township) Smithville		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Rural Platte Township		d. STREET ADDRESS (If rural, give location) 5 Miles S.E. Smithville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville, Community Hosp.				d. STREET ADDRESS (If rural, give location) 5 Miles S.E. Smithville			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Clarence	b. (Middle) Alva	c. (Last) Groshong	Month March	Day 5	Year 1950	Male <input checked="" type="radio"/>	Female <input type="radio"/>
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH	
Male <input checked="" type="radio"/>		White <input type="radio"/>		Married <input checked="" type="checkbox"/>		Oct. 24, 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Meriden, Kansas		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Sylvester W. Groshong			13b. MOTHER'S MAIDEN NAME Martha Fleshman			14. NAME OF HUSBAND OR WIFE Mrs Mamie Groshong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C. A. Groshong, Smithville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease				4201	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____					
18. CAUSE OF DEATH (continued)		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
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) (m.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature] M.D.				23b. ADDRESS Smithville, Missouri		23c. DATE SIGNED 3/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/7/50		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville, Missouri	
DATE REC'D BY LOCAL REG. Mar 7-1950		REGISTRAR'S SIGNATURE Boulak Kitchner		25. FUNERAL DIRECTOR'S SIGNATURE 63		ADDRESS McComas Funeral Home Smithville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

2240

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

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-14-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Student Embalmer

Signed _____

Licensed Embalmer No. 3940

P. O. Address Smithville, Missouri

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.