FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14152

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 51

1. PLACE OF DEATH

a. COUNTY: Pulaski

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: Phelps

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vida. 0810

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Groves.

4. DATE OF DEATH (Month) (Day) (Year): April 26 1950

5. SEX: M.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 20, 1872

9. AGE (In years last birthday): 78 — If under 1 year: Months: Days — If under 24 hrs.: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Postmaster & Clerk Grocery.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ivesdale Illinois

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Charles M. Groves

13b. MOTHER'S MAIDEN NAME: Lucinda.....?????

14. NAME OF HUSBAND OR WIFE: Cora Mae Groves, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): xx

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Charles L. Groves..... ADDRESS: Vida Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardio failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peritonitis.

DUE TO (c) Ruptured appendix.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5501

19a. DATE OF OPERATION: 4-18.50

19b. MAJOR FINDINGS OF OPERATION: Ruptured Appendix

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 19~~49~~, *to* 4-26, 19~~50~~, *that I last saw the deceased alive on* 4-26, 1950, *and that death occurred at* 9-2 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. N. Davis M.D.

23b. ADDRESS: Rolla Mo

23c. DATE SIGNED: 4/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 30, 1950

24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery

24d. LOCATION (City, town, or county) (State): Rolla...Phelps...Missouri

DATE REC'D BY LOCAL REG.: 5-4-50

REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe 389

25. FUNERAL DIRECTOR'S SIGNATURE: S. L. Nell ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1950

RECEIVED 5/1/50
Pulaski County Health Officer
File Number
Date Filed 5/4/50

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed S. L. Nunn

Licensed Embalmer No. 3394

P. O. Address Rolla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.