

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16601

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 9

0460

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

1. PLACE OF DEATH a. COUNTY <b>Howell</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs</b>		c. LENGTH OF STAY (in this place) <b>8 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs</b>		0460
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie</b> b. (Middle) _____ c. (Last) <b>GROVES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1950</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 11, 1880</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Marrietta, Ohio.</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Wm. M. Battis</b>		13b. MOTHER'S MAIDEN NAME <b>Marry Morris</b>		14. NAME OF HUSBAND OR WIFE <b>Otto R. Groves</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O. R. Groves, Willow Springs, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension encephalopathy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic glomerulonephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 years?</b> <b>592x</b>
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 May, 1949, to May 12, 1950 that I last saw the deceased alive on May 12, 1950, and that death occurred at 7 m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. E. Musser, MD.</b> (Degree or title)		23b. ADDRESS <b>Willow Springs, Mo.</b>		23c. DATE SIGNED <b>May 15 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>May 16, 1950</b>		REGISTRAR'S SIGNATURE <b>Marshall Ballard</b> 387		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Burns Funeral Home, Willow Spgs., Mo.</b>	
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JUL 19 1950

SEE 151850

RECEIVED 5-~~15~~<sup>17</sup>-50

District Health Officer No. 5,

District File Number 550 403

Date Filed 5-19-50

MAY 2 1950

MAY 1 1952

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.

*Fred W. Barnes*

Student .....

Student Embalmer

Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.