

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9383**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **4345** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rhineland</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rhineland</b>	
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>11</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>REUBEN</b>	b. (Middle) <b>JOHN</b>	c. (Last) <b>GROTEWIEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 22 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 1-1880</b>	9. AGE (in years last birthday) <b>70</b>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 12 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Rhineland</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Gehard Grotwiel</b>	13b. MOTHER'S MAIDEN NAME <b>Annetta Rebsen</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Grotwiel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Grotwiel, Rhineland, Mo</b>	ADDRESS <b>Rhineland, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>151X</b>

19a. DATE OF OPERATION <b>Nov 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach with widespread metastases</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-15-49**, 19\_\_\_\_, to **3-22**, 19**51**, that I last saw the deceased alive on **3-20**, 19**51**, and that death occurred at **2:40 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Cavel T. Shaw MD</b>	(Degree or title)	23b. ADDRESS <b>Hermann, Mo.</b>	23c. DATE SIGNED <b>3-25-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-25-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marcus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rhineland, Mo</b>
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DATE REC'D BY LOCAL REG. <b>March 24</b>	REGISTRAR'S SIGNATURE <b>Mrs. Eunice Bush</b>	4322	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugo H. Olsener</b>	ADDRESS <b>Hermann, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 26 1951

RECEIVED

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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. ....

Signed \_\_\_\_\_

*Hugo St. Omer*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.