

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20890**

BIRTH NO. _____ REG. DIST. NO. **260** PRIMARY REG. DIST. NO. **4392** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Freeburg b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Freeburg		c. CITY (If outside corporate limits, write RURAL and give township) Freeburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holy Family Rectory		d. STREET ADDRESS Washington Twp.	

3. NAME OF DECEASED (Type or Print) a. (First) Stephan b. (Middle) Groner c. (Last) Groner	4. DATE OF DEATH (Month) (Day) (Year) June 23 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 10 - 21 - 1859	9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 8 Days 2 IF UNDER 24 HRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Westphalia Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Simon Groner	13b. MOTHER'S MAIDEN NAME Angela Rehagen	14. NAME OF HUSBAND OR WIFE Regina Groner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Bernard S. Groner	ADDRESS Freeburg
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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) Old Age		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. Senil. Debilities		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) (Min.)	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 **1949** to **6 - 23, 1951**, that I last saw the deceased alive on **6-23, 1951**, and that death occurred at **11:20 A.M.** from the causes and on the date stated above.

23a. SIGNATURE D. A. J. Baker, M.D.	(Degree or title)	23b. ADDRESS Freeburg, Mo.	23c. DATE SIGNED 6-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) n	24b. DATE June 26	24c. NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery	24d. LOCATION (City, town, or county) (State) Folk Mo.
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DATE REC'D BY LOCAL REG. 6-25-51	REGISTRAR'S SIGNATURE Mrs. H. H. Moore	25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Stroop	ADDRESS Meta Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

760
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

1951
JUL 6 9 11 AM

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 *Hermon H. Stoop* _____

Licensed Embalmer No. *2924* _____

P. O. Address *Meta 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.