

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22206**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 745

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower R.F.D.		c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Platte Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gower R.F.D.	
		d. STREET ADDRESS (If rural, give location) R.F.D.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Merlin	b. (Middle) A.	c. (Last) Groom	(Month) July	(Day) 11	(Year) 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 8, 1880	9. AGE (in years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MINS. Mins.
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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) Clinton Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Abraham Groom	13b. MOTHER'S MAIDEN NAME Martina S. Guinn	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs Mable Callaway, Gower, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs several years
	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) Hypertension DUE TO (c)		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 11, 1951, to July 11, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Hayward, D.D.	23b. ADDRESS Plattsburg Mo.	23c. DATE SIGNED July 13, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/13/51	24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	24d. LOCATION (City, town; or county) (State) Gower, Mo.
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DATE REC'D BY LOCAL REG. July 17, 1951	REGISTRAR'S SIGNATURE Carl C. Casst	25. FUNERAL DIRECTOR'S SIGNATURE John H. Murray	ADDRESS Gower, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2393

P. O. Address Lower, 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.