

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8903

State File No. _____

LED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 36

0530

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plato Rural</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>1532</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plato Rural Rt.</u>			d. STREET ADDRESS (If rural, give location) <u>723 King St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>O.</u> c. (Last) <u>Groves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 2, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Sam Groves</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Breeden</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Groves</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Ewell Groves</u> ADDRESS <u>Plato, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, bacterial</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cardiovascular disease</u> <u>4 yrs.</u> DUE TO (c) <u>Arterial sclerosis</u> <u>10 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) _____	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 Oct 10th, 1951, to Mar 13, 1952; that I last saw the deceased alive on Mar 8, 1952, and that death occurred at 8 A. M., from the causes and on the date stated above.

22a. SIGNATURE <u>P. Mallott</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Proctor, Mo.</u>	22c. DATE SIGNED <u>3-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Bluff Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Plato, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-15-1952</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hays</u> <u>424-0</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>
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Received MAR 22 1952
Inglede County Health Unit
File No. 3-52-28
Date Filed MAR 25 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.

Student
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.