

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15379**

FILED APR 28 1952

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4579** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.	
b. CITY (If outside corporate limits, write RURAL and give township) CABOOL		b. COUNTY TEXAS	
c. LENGTH OF STAY (in this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) CABOOL	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) REBECCA c. (Last) GROSE			4. DATE OF DEATH (Month) (Day) (Year) APR. 20-52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 12-26-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME GUS CURTIS	13b. MOTHER'S MAIDEN NAME MARTHA INMAN	14. NAME OF HUSBAND OR WIFE PLEASANT GROSE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ORVEL GROSE, SPFLD, 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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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	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 **Apr 5**, 1952, to **Apr 18**, 1952, that I last saw the deceased alive on **Apr 18**, 1952, and that death occurred at **8:19 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carroll M. Grose, M.D.	23b. ADDRESS Cabool, Mo.	23c. DATE SIGNED Apr 22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/23/52	24c. NAME OF CEMETERY OR CREMATORY CABOOL CEMET.	24d. LOCATION (City, town, or county) (State) CABOOL, MO.
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DATE REC'D BY LOCAL REG. 4-22-52	REGISTRAR'S SIGNATURE Yarnell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE Rayford V. Elliott	ADDRESS Cabool
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(Licensed Emballer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

James L. Kewey

Licensed Embalmer No. *4718*

P. O. Address *Calvool, 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.