

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28534

**REC'D** AUG 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>2208.3rd</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alice</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Grob</u>	
4. DATE OF DEATH		(Month) <u>Aug</u>		(Day) <u>20</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 28-1877</u>	
9. AGE (In years, if under 1 year last birthday) <u>77</u>		10. MONTHS <u>2</u>		11. DAYS <u>22</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Dematle Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Medley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ogle</u>		14. NAME OF HUSBAND OR WIFE <u>William Grob</u>			
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Grob</u> ADDRESS <u>Festus Mo.</u>			
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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized arteriosclerosis</u>					
DUE TO (c) <u>Arteriosclerotic heart disease</u>							
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		4200	
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?			
22. I hereby certify that I attended the deceased from <u>June 19, 1951</u> , to <u>July 8, 1952</u> , that I last saw the deceased alive on <u>July 15, 1952</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Detman Selgus, M.D.</u> (Degree or title)				23b. ADDRESS <u>Festus, Mo.</u>		23c. DATE SIGNED <u>8/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-21-52</u>		REGISTRAR'S SIGNATURE <u>Henry R. Toelle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Vinyard</u>		ADDRESS <u>Festus Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JUN 7 1959

DATE RECEIVED AUG 26 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 James J. Combsford

Licensed Embalmer No. 4744

P. O. Address Crystal City 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.