

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8618**

FILED MAR 25 1953

BIRTH NO.		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>115</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY OR TOWN <u>Kirkville</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Home No. 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuylar</u> c. CITY OR TOWN <u>Lancaster Mo.</u> d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>F</u> c. (Last) <u>Groseclose</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 31 1892</u>	9. AGE (In years last birthday) <u>61</u> Months <u>1</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lancaster Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joe Groseclose</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Snider</u>	14. NAME OF HUSBAND OR WIFE <u>Mona Groseclose</u>	
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. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eric S. Groseclose</u> ADDRESS <u>Lancaster 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Left Ventricular Failure</u> DUE TO (c) <u>Hypertensive 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)	
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?	
22. I hereby certify that I attended the deceased from <u>3-3</u> , 1953, to <u>3-13</u> , 1953, that I last saw the deceased alive on <u>3-10</u> , 1953, and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>David W. Boone M.D.</u>		23b. ADDRESS <u>Birksville, Mo.</u>	23c. DATE SIGNED <u>3-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fabius</u>	24d. LOCATION (City, town, or county) (State) <u>East of Lancaster Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-13-53</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brian J. Norman</u> ADDRESS <u>Lancaster Mo</u>		

(Licensed Embalmer'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.

Student
Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No. *4219*

P. O. Address *Hicksville, 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.