

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23559

State File No.

No. 300
10.48

LED JUL 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>236</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marshall Twp.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marshall Township</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. State School</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. State School</u>		0970		A	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Groner</u>			4. DATE OF DEATH <u>July 3, 1953</u>				
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>Dec. 9, 1909</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>		IF UNDER 1 HR. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Thomas, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leo Groner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Bock</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine Groner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>489-22-5793</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geraldine Groner</u> ADDRESS <u>Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Hypertention</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>7</u>	
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) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				21g. _____	
22. I hereby certify that I attended the deceased from <u>July 3, 1953</u> , to <u>July 8, 1953</u> , that I last saw the deceased alive on <u>July 3, 1953</u> , and that death occurred at <u>11 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sidney F. Gray</u>				23b. ADDRESS <u>Marshall</u>		23c. DATE SIGNED <u>7/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-6-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>MARSHALL, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

970

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 H. Lewis J.

Licensed Embalmer No. _____

47909

P. O. Address

Marshall, 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.