

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25778**
Registrar's No. **137**

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3048		Registrar's No. 137	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY OR TOWN Maryville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Maryville		d. STREET ADDRESS 0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Donovan			b. (Middle) Orville		c. (Last) Groves		4. DATE OF DEATH (Month) (Day) (Year) 7-18-1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Jan-15-1895		9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & laborer	
10b. KIND OF BUSINESS OR INDUSTRY Day laborer		11. BIRTHPLACE (State or foreign country) Graham - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Wm. Thos - Groves		13b. MOTHER'S M maiden name Kathie Irene Linville - Ruby Shull - deceased		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Dallas Groves - Skidmore Mo			
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) Hemorrhage Stomach-Esophagus				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis Liver				6 mo.	
		DUE TO (c) Splenomegaly				3 mo	
		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 no operations				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5810			
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 5-10-1953 to 7-18-1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:50p m., from the causes and on the date stated above.							
23a. SIGNATURE L. A. Dean (Degree or title) M.D.				23b. ADDRESS Maryville Mo		23c. DATE SIGNED 7-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-1953		24c. NAME OF CEMETERY OR CREMATORY Groves Cem - Graham - Mo		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 7-25-53		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE J. M. Johnson		ADDRESS Maryville Mo	

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

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 _____

G. M. Alcherson

Licensed Embalmer No. 2279

P. O. Address Marionville

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.