

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3003

1910

State File No. ....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 394 PRIMARY REG. DIST. NO. 5649 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. LENGTH OF STAY (In this place) <b>13 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1101 4th St.</b>		e. STREET ADDRESS (If rural, give location) <b>1101 4th St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Myrtle</b>		b. (Middle) <b>Groves</b>	
c. (Last) <b>Groves</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 11, 1879</b>
9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months <b>11</b> Days <b>0</b>	
11. IF UNDER 24 HRS. Hours <b>0</b> Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Nodaway County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Groves</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Earl Groves</b>		ADDRESS <b>Monett, Mo.</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of chest</b>		INTERVAL BETWEEN ONSET AND DEATH, <b>1 yr</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		<b>Type undetermined</b>	
DUE TO (c)			
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"/>		<b>1991</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 14, 1953</b> to <b>Feb 11, 1954</b> , that I last saw the deceased alive on <b>Feb 11, 1954</b> , and that death occurred at <b>4:50 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. E. Edwards M.D.</b> (Degree or title)		23b. ADDRESS <b>Monett, Mo.</b>	
23c. DATE SIGNED <b>2-12-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/15/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Barnard Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lawrence, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-13-54</b>		REGISTRAR'S SIGNATURE <b>John M. Davis</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. P. Buchanan</b>		ADDRESS <b>Monett, Mo.</b>	

MAR 17 1954

**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.....  
Signature of Student Embalmer

Signed.....  
*J. P. Buchanan*

Licensed Embalmer No. *3149*

P. O. Address *Mount*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.