

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10918

State File No. ....

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-DUCKCREEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>IWK.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 1/2 MI. N.E. of FISK</u>		d. STREET ADDRESS (If rural, give location) <u>10103 BARON RD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT EDWARD</u> b. (Middle) <u>GROSHONG</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2- 11-1954</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>9-4-1869</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JEFFERSON W. GROSHONG</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY J. CALAWAY</u>		14. NAME OF HUSBAND OR WIFE <u>***-----</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LULA WILLIAMSON ST. LOUIS, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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) m.	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 2-7-1954 to 2-7-1954, that I last saw the deceased alive on 2-7-1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>	23b. ADDRESS <u>Deerfield 442</u>	23c. DATE SIGNED <u>2-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DUDLEY</u>
24d. LOCATION (City, town, or county) (State) <u>STODDARD MO.</u>		

DATE REC'D BY LOCAL REG. <u>3/20/54</u>	REGISTRAR'S SIGNATURE <u>Paul Reed</u> 490	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.C. White Deer, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1020

No. 300  
10.48

440.111

**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 2-11-J

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.