

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26702

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5364 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Daviness

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Daviness

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp c. LENGTH OF STAY (in this place) Few Hours c. CITY OR TOWN Rural Marion Twp d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile South Altamont, Mo. e. STREET ADDRESS (If rural, give location) 8 Miles N.W. Gallatin, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) --- c. (Last) Grove 4. DATE OF DEATH (Month) (Day) (Year) August 15 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH March 9 1892 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner 11. BIRTHPLACE (City and State or Foreign Country) Daviness Co. Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sebastian Grove 13b. MOTHER'S MAIDEN NAME Mary M. Faw 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) Yes WWI 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) spasm of Coronary artery, possibly
DUE TO (c) due to blood clot.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 30 min.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 19 1934, to Aug 15 1954, that I last saw the deceased alive on July 25 1934, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. W. Bailey, M.D. (Degree or title) 23b. ADDRESS Gallatin, Mo. 23c. DATE SIGNED 8-18-54

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 8-18-1954 24c. NAME OF CEMETERY OR CREMATORY Winston Cemetery 24d. LOCATION (City, town, or county) (State) Winston, Missouri

DATE REC'D BY LOCAL REG. 8-22-54 REGISTRAR'S SIGNATURE Virginia M. Engelhart 25. FUNERAL DIRECTOR'S SIGNATURE L. O. Anderson ADDRESS Hope Funeral Home, Gallatin, Mo.

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

AUG 31

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 *L. O. Fisherson*

Licensed Embalmer No. *3307*

P. O. Address *Dalhousie*

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.