

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 30 1954

BIRTH NO.		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4112</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DALTON</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DALTON</u>			
c. LENGTH OF STAY (In this place) <u>LIFE</u>				d. STREET ADDRESS (If rural, give location) <u>0210</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>AUGUSTA</u> c. (Last) <u>GROTTJAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 23, 1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>FEB. 7, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>WILLIAM MUNSON</u>			13b. MOTHER'S MAIDEN NAME <u>AUGUSTA SLYSTER</u>		14. NAME OF HUSBAND OR WIFE <u>OSCAR OTTO GROTTJAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hobart Grotjan, Dalton Mo.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibrillation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u>					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 <u>4222</u>				20. AUTOPSY? YES <input 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)			
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 <u>April 11, 1954</u> , to <u>Nov. 23, 1954</u> , that I last saw the deceased alive on <u>Nov. 23, 1954</u> , and that death occurred at <u>10:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl C. Hegar</u>			23b. ADDRESS <u>M.D. Keystonville, Mo.</u>			23c. DATE SIGNED <u>11/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 27-54</u>		REGISTRAR'S SIGNATURE <u>Mildred</u>		56-25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. Heibel</u>		ADDRESS <u>Funeral Home Brunswick, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1961

JAN 23 1961

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 William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, 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.