

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 14 1955

 BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 2804 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>MONROE</u> <u>0690</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS, Missouri</u>		c. CITY OR TOWN <u>PARIS</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0690</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Long Rest Home</u>		STREET ADDRESS (If rural, give location) <u>PARIS, MISSOURI</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u> b. (Middle) <u>RETTA</u> c. (Last) <u>GROVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 8 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 8, 1866</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES TIPTON</u>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>JOHN GROVER</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 <u>MRS. EIRA HARTIGROVE MOBERLY</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advised system</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>4221</u>	
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)		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>Aug 14, 1954</u> , to <u>3-8</u> , 1955, that I last saw the deceased alive on <u>Dec 4</u> , 1955, and that death occurred at <u>Paris, Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. W. Ruppel</u>		23b. ADDRESS <u>Paris, Mo.</u>	
23c. DATE SIGNED <u>3-11-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-10-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ASH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>3-11-55</u>		REGISTRAR'S SIGNATURE <u>J. D. Barnette</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Barnette</u>		ADDRESS <u>Spring Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Charles W. Green*

Licensed Embalmer No. *462*

P. O. Address *Lawrence*

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.