

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21163

State File No. ....

FILED AUG 15 1955

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836

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REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS <b>3225 So. 11th St., Rd. Parkview Sunnyslope Nursing Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parkview Sunnyslope Nursing Home</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parkview Sunnyslope Nursing Home</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emilia</b> b. (Middle) <b>Groneweg</b> c. (Last) <b>Groneweg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 2, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 8, 1867</b>
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Month <b>0</b> Days <b>0</b>	IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM Buechle</b>	
13b. MOTHER'S MAIDEN NAME <b>Christina Altman</b>		14. NAME OF HUSBAND OR WIFE <b>William F. Groneweg</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>Ralph Groneweg</b> ADDRESS <b>St. Joseph, Mo.</b>
<b>MEDICAL CERTIFICATION</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>			<b>2 weeks</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation</b>			<b>years</b>
DUE TO (c) <b>Arteriosclerotic heart disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>			
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 <b>Jan. 26, 1951</b> , to <b>Aug. 2, 1955</b> , that I last saw the deceased alive on <b>Aug. 2, 1955</b> , and that death occurred at <b>3:20P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Willie B. McDonald</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>301 N. 8th St., St. Joseph, Mo.</b>	23c. DATE SIGNED <b>Aug. 4, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 4, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>Aug. 9, 1955</b>	REGISTRAR'S SIGNATURE <b>Raymond M. Allison</b>	485- 25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer - Fleeman</b> ADDRESS <b>St. Joseph, Mo.</b>	

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.....

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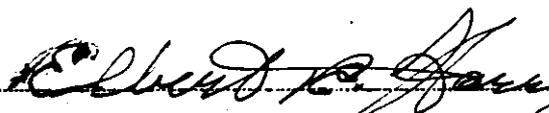
Student Embalmer No. ....

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working under my personal supervision.

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Student .....  
Student Embalmer

Signed  .....

Licensed Embalmer No. 3258 Mo. ....

P. O. Address St. Joseph, Mo. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.