FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13864

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4269 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corder, Mo.
c. LENGTH OF STAY (in this place): 30 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Corder

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Corder, Mo.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0540

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): Groves

4. DATE OF DEATH (Month) (Day) (Year): 5 8 56

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-24-1855
9. AGE (In years last birthday): 100 — If under 1 year: Months 11 Days 14 — If under 24 hrs.: Hours Min.

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

13a. FATHER'S NAME: David Groves
13b. MOTHER'S MAIDEN NAME: Eliza Ann Hutchins
14. NAME OF HUSBAND OR WIFE: Mrs. Betty Corder Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Miss Helen Groves — ADDRESS: Corder, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 22 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic myocarditis ???
arteriosclerosis generalized ???
intestinal hemorrhage, cause undetermined 2 hours.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES [ ] NO [X]

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* April 11, 1956, *to* May 8, 1956 *that I last saw the deceased alive on* May 8, 1956, *and that death occurred at* 11:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Douglas Kelling M.D.
23b. ADDRESS: Waverly, Missouri
23c. DATE SIGNED: 5/9/56

24a. BURIAL, CREMATION REMOVAL (Specify): Burial
24b. DATE: 5-11-56
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): Corder, Missouri

DATE REC'D BY LOCAL REG.: May 12, 56
REGISTRAR'S SIGNATURE: Clayton W. Landrum
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest L. Hoefer — ADDRESS: Higginsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

154
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Forrest R. Hoefer

Licensed Embalmer No. 4/8

P. O. Address Higginsv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.