THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34008
STATE FILE NUMBER 4302

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY's — Length of stay in 1b 1 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JOHNSON
c. CITY OR TOWN HOLDEN 0519 — Inside Limits Yes ☑ No ☐
X d. STREET ADDRESS SO. LEXINGTON ST. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First AUGUST Middle HENRY Last GROTJAN
4. DATE OF DEATH Month SEPT. Day 28, Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH AUG. 30, 1891
9. AGE (In years last birthday) 65 — 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) HATCHERY MANAGER
10b. KIND OF BUSINESS OR INDUSTRY POULTRY
11. BIRTHPLACE (City and state or country) DALTON, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM AUGUST GROTJAN
14. MOTHER'S MAIDEN NAME HELEN DOERRIE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W#1 - 12-13-1917 : 5-19-1919
16. SOCIAL SECURITY NO. 495-01-5859
17. INFORMANT MRS. A. H. GROTJAN, HOLDEN MO (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral lacerations, hemorrhages, subdural clots, skull fract. — 33 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile - truck accident — 33 hours
DUE TO (c) — 8816

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient fell out of truck when car hit it
20c. TIME OF INJURY Hour 7 a.m. p.m. Month, Day, Year Sept 27 '56 — He landed on back of his head, became comatose
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway,
20f. CITY, TOWN, OR LOCATION Holden COUNTY Johnson STATE Mo

21. I attended the deceased from Sept 27, 56 to Sept 28, 56 and last saw her him alive on Sept 28, '56
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens M.D. Coroner (Degree or title) 3
22b. ADDRESS 1034 Realty Bldg
22c. DATE SIGNED 9-29-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 30, 1956
23c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY
23d. LOCATION (City, town, or county) (State) HOLDEN, MO.

24. FUNERAL DIRECTOR E. B. Cast — ADDRESS Holden, Mo
25. DATE RECD. BY LOCAL REG. 10-3-56
26. REGISTRAR'S SIGNATURE Mena Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. Owens, Coroner

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. B. Cast

Licensed Embalmer No. 4

P. O. Address Holden

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