

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36744**
Registrar's No. **90**

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152**

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). n. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter - Liberty Twp.		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis Hospital		e. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Susan	b. (Middle) Edlade	c. (Last) Gromer	4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 23, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dave Yount	13b. MOTHER'S MAIDEN NAME Manda Edwards	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Hugh Gromer	ADDRESS Parma, Mo. R. 1
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac De-compensation DUE TO (c) Asterio-Schistis		
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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Feb 1955**, to **10-11**, 19**56**, that I last saw the deceased alive on **10-10**, 19**56**, and that death occurred at **7:00** p. m., from the causes and on the date stated above.

23a. SIGNATURE S. S. Davis M.D.	(Degree or title) M.D.	23b. ADDRESS Dexter Mo	23c. DATE SIGNED 10-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-13-56	24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo.
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DATE REC'D BY LOCAL REG. 10-15-56	REGISTRAR'S SIGNATURE Walter D. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons	ADDRESS Dexter, Mo.
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marsh Watters*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.