

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37096  
STATE FILE NUMBER

FILED DEC 3 1956

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1264

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 119-1/2 So. 4th St.		Length of stay in 1b 18 yrs	d. STREET ADDRESS 119-1/2 So. 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last IDA ALICE GROOMS			4. DATE OF DEATH Month Day Year Nov. 25 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 26, 1886	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Denver Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME George Wilson			14. MOTHER'S MAIDEN NAME Martha Calender		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-18-5938A	17. INFORMANT Mr. James F. Grooms St. Joseph, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>myocardial infarction</i> DUE TO (c) <i>arteriosclerotic heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>a heart</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10 minutes</i> <i>several hours</i> <i>several years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			4200		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1951</u> to <u>11-25-56</u> and last saw her alive on <u>about 11-20-56</u> Death occurred at <u>11:25P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Lucile M. Ide M.D.</i>		(Degree or title)		22b. ADDRESS <i>902 Edmond St. Joseph, Mo.</i>	
22c. DATE SIGNED <i>11-27-56</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-27-56		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or county) St. Joseph		23e. STATE Missouri			
24. FUNERAL DIRECTOR <i>Clancy Funeral Home</i>		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 30, 1956	
26. REGISTRAR'S SIGNATURE <i>Carver M. Allison</i>					

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Charles E. Bennett*.....

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

**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.**