

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38857

BIRTH NO.		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 4363		Registrar's No. 24	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY NEW MADRID		b. CITY (If outside corporate limits, write RURAL and give township) MOREHOUSE		a. STATE MO		b. COUNTY NEW MADRID	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) MOREHOUSE		d. STREET ADDRESS (If rural, give location)		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) ODDRICH		b. (Middle)	c. (Last) DEGROAT		Date 11-12-1956	Month 11	Day 12
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-6-1876		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) GALATIA ILL		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES DEGROAT		13b. MOTHER'S MAIDEN NAME MARY MARTIN		14. NAME OF HUSBAND OR WIFE CLARA			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clema Lewis Morehouse			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH 1 Day	
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)		4222	
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?			
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>56</u> , to <u>11-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>56</u> , and that death occurred at <u>11:55 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Gorko</u>			23b. ADDRESS <u>MOREHOUSE, MO</u>		23c. DATE SIGNED <u>11-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>		
DATE REC'D BY LOCAL REG. <u>11-16-56</u>		REGISTRAR'S SIGNATURE <u>Hathryn L. Mc Bain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley James Home Sibley</u>			
				ADDRESS <u>MO</u>			

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

DATE RECEIVED NOV 19 1956

NEW MADRID CO. HEALTH DEPT



P. J. L.

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
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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 this body is not embalmed, fact should be so stated above.