

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000580  
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 65 Primary Registration District No. Registrar's No. 3

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>CHARITON</b>	a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DALTON</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>DALTON</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LIFE</b>	Length of stay in lb	d. STREET ADDRESS <b>(If outside, give location)</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>LOUIS</b>	Middle <b>WILLIAM.</b>	Last <b>GROTTAN</b>	Month <b>1</b>	Day <b>21</b>	Year <b>59</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-1877</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>DALTON MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>LEE GROTTAN</b>			14. MOTHER'S MAIDEN NAME <b>SOPHIA MANSON.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none.</b>		16. SOCIAL SECURITY NO. <b>491-36-9983</b>	17. INFORMANT Address <b>Mrs. Grottan Brunswick.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTEROSCLEROTIC HEART.</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a. m. p. m.		
20d. INJURY OCCURRED WHILE AT <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 _____ and last saw him _____ <b>dead 1-21-59</b> Death occurred at <b>Cum gratia at 7 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Brover Chief M.D.</b>	22b. ADDRESS <b>Brunswick Mo.</b>	22c. DATE SIGNED <b>over 1-23-59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DALTON Ceme.</b>	23d. LOCATION (City, town, or county) (State) <b>DALTON MO.</b>
24. FUNERAL DIRECTOR <b>L. E. McCurry</b>	ADDRESS <b>Brunswick Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Boone</b>

(Licensed Embalmer's Statement on Reverse Side)

alb,  
affare  
blic  
rvic

00  
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P.S. This deceased has been under medical treatment for past 2 1/2 yrs for Arteriosclerotic heart and death occurred at his home on Jan 21-59 at 9:35 P.M. in Brunswick, Ga. I viewed the body and he evidently died of Arteriosclerotic heart.  
Glover Rice M.D.

JAN 28 1959

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 *J. C. McCarty*

Licensed Embalmer No. *48*

P. O. Address *Brunswick*

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.