

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045847

LED VS DEC 30 1960

382

5548

32

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Prairie Township</u>		Length of stay in lb <u>10 yrs.</u>	c. CITY OR TOWN <u>Fayette R.R. #3</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi. n.w. Fayette</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 mi. n.w. Fayette</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sidney Sylvester Groce</u>		4. DATE OF DEATH Month Day Year <u>Dec. 18, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 18, 1892</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg (Wood)</u>	11. BIRTHPLACE (City and state or country) <u>Nevada Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. G.</u>		13. FATHER'S NAME <u>Eli Groce</u>	
13. MOTHER'S MAIDEN NAME <u>Leggie Woods</u>		NAME OF HUSBAND OR WIFE <u>Clara M. Daniel Groce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-09-7919</u>	17. INFORMANT <u>Mrs. S.S. Groce</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound of head suicidal</u> DUE TO (b) <u>Self inflicted</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Gun shot to head (Suicide)</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>10:30 a.m. 12-18-60</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Fayette Mo</u>	COUNTY STATE <u>Howard Mo</u>
21. I attended the deceased from <u>12-18-1960</u> to <u>12-18-60</u> and last saw him <u>dead</u> on <u>12-18-60</u> Death occurred <u>at Bloom M.D. Coroner</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. B. Bloom</u> (Degree or title)		22b. ADDRESS <u>Fayette Mo</u>	22c. DATE SIGNED <u>12-23-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>
24. FUNERAL DIRECTOR <u>Tremont Funeral Service</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 23, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Walker Cuddey</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JAN 3 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ed Freimuth

Licensed Embalmer No. 3978

P. O. Address Glasgow,

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.