

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001301

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4213 Registrar's No. 4213

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 15 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montrose</u> Length of stay in 1b <u>42 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>in Montrose</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Montrose</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>in Montrose</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First <u>Henrietta J</u> Middle <u>Groner</u> Last <u>Groner</u></p>			
<p>4. DATE OF DEATH Month <u>Jan</u> Day <u>5</u> Year <u>1963</u></p>			
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-6-1886</u></p>
<p>9. AGE (last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>		<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Loose Creek Mo USA</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>		<p>13a. FATHER'S NAME <u>Jacob Kleithemes</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Ben Groner</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Ben Groner</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>499-42-9831</u></p>	
<p>17. INFORMANT <u>Hedda Bartels</u> Address <u>Montrose Mo</u></p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Unknown Natural Cause</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>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</p>		<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>unattended</u> to _____ and last saw her/him alive on _____</p> <p>Death occurred at _____ <u>8 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22. SIGNATURE (Degree or title) <u>Richard N. King M.D. Henry County</u></p>		<p>22b. ADDRESS <u>106 S. 3rd Clinton Mo.</u></p>	
<p>22c. DATE SIGNED <u>1-8-63</u></p>		<p>23. NAME OF CEMETERY OR CREMATORY <u>St Mary's cem</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>1-9-63</u></p>	
<p>23c. LOCATION (City, town, or county) <u>Montrose Mo</u></p>		<p>24. FUNERAL DIRECTOR ADDRESS <u>Sickman-Dunning FH Clinton Mo</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>JAN 8-1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 1963

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6490

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Permit Obtained

1-8-63

(M.A.)

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 Robert J. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton 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.