

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007498

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 28

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0570

2 10902

3

4 0

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9 332X

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11

12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford CLARK		Length of stay in 1b 1yr.	c. CITY OR TOWN Wright City Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 Mi. south of Forestel
3. NAME OF DECEASED (Type or print) First Jesse Middle Parks Last Groshong			4. DATE OF DEATH Month Feb. Day 23 Year 1963
5. SEX Male	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 Nov. 10, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 80
11a. FATHER'S NAME Jacob Groshong		11b. MOTHER'S MAIDEN NAME Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. [Redacted]	
13a. FATHER'S NAME Jacob Groshong		13b. MOTHER'S MAIDEN NAME Missouri	
17. INFORMANT Mary Edith Groshong		Address Mary Edith Groshong, Moscow Mills Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary fracture cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis. DUE TO (c) arteriosclerosis.			12. CITIZEN OF WHAT COUNTRY U.S.A.
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	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 Feb 23 1963 and last saw him alive on 2-20-63 Death occurred at 2:30A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edison Hanks		22b. ADDRESS Wright City	22c. DATE SIGNED 2/20/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 26 1963	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) Wright City Mo.
24. FUNERAL DIRECTOR D.W. McEary	ADDRESS Wright City	25. DATE RECD. BY LOCAL REG. 2-26-1963	26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

State of Missouri, County of _____

County of _____

do 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 _____

Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

STATE OF MISSOURI DEPARTMENT OF HEALTH

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