

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040935

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 272 Primary Registration District No. 3054 Registrar's No. 138

STATE FILE NUMBER

FILED OCT 29 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pike		a. STATE Missouri	b. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) Louisiana		c. CITY OR TOWN Ashley	
Length of stay in lb 5 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Pike County Hospital		d. STREET ADDRESS (If outside, give location) General Delivery	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
Albert Joseph Grote			October 25, 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 10-19-63	9. AGE (last birthday) 51	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Pike Co., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clem Grote		13b. MOTHER'S MAIDEN NAME Anna Purk		14. NAME OF HUSBAND OR WIFE Berniece Orf Grote	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No			16. SOCIAL SECURITY NO.		17. INFORMANT Berniece Grote, Ashley, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Bilat Severe Bronchopneumonia 3 days	
DUE TO (b)	Carcinoma of Liver & metastases 3± mo	
DUE TO (c)	& Cirrhosis of Liver 5 yrs	
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 checked="" 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.		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 <u>10/20/63</u> to <u>death</u> and last saw her alive on <u>10/25/63</u>			
Death occurred at <u>2:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. H. Lewellen MD		22b. ADDRESS Louisiana Mo	22c. DATE SIGNED 10/25/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-28-63	23c. NAME OF CEMETERY OR CREMATORY St. Clement	23d. LOCATION (City, town, or county) Bowling Green, Pike, Mo.
24. FUNERAL DIRECTOR Harold Kirks, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 10-29-63	26. REGISTRAR'S SIGNATURE Berniece Collier

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 0822

2 0820

3

4 0

5 1

6

7 0

8 1

9 156.1

10

11

12 1-0

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

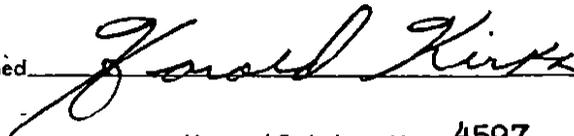
USE BLACK INK OR TYPEWRITER RIBBON

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



Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.