

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5646

State File No. ....

BIRTH NO. .... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Nodoway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>15 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital (1)</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS AMBROSE</u> b. (Middle) <u>AMBROSE</u> c. (Last) <u>GRUSH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 22, 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 26, 1892</u>
9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Tarkio, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Grush</u>		13b. MOTHER'S MAIDEN NAME <u>Ellan Herring</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Evelyn Troxel Grush</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.A. Grush</u>		ADDRESS <u>Tarkio, Missouri.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Intestinal Obstruction</u> <u>Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Carcinoma - Colon - transverse</u> <u>4 mos</u> DUE TO (c) <u>153x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>2-10-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal Obstruction</u> <u>Carcinoma of Transverse Colon - lymph node metastasis liver</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-F</u> , 1949, to <u>2-23</u> , 1949, that I last saw the deceased alive on <u>2-23</u> , 1949, and that death occurred at <u>8p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>M.D.</u>		23b. ADDRESS <u>Tarkio, Mo.</u>	
23c. DATE SIGNED <u>2/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/25/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.484  
1  
2

OCT 29 1952

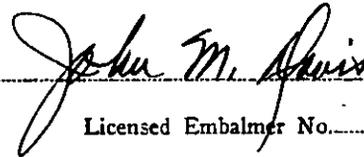
**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 23911

P. O. Address Tarkio, 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 this body is not embalmed, fact should be so stated above.