

FILED MAR 24 1949

## STANDARD CERTIFICATE OF DEATH

7839

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>84</u>	PRIMARY REG. DIST. NO. <u>5316</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clear Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clear Creek Twp</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wm Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Wm - Pilot Grove</u>		
3. NAME OF DECEASED (Type or Print) <u>CATHERINE — GROTZINGER</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 12 - 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar - 10 - 1877</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Albert Nold</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Felton</u>	14. NAME OF HUSBAND OR WIFE <u>John Grotzinger</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>none</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Phillip Grotzinger Pilot Grove</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma, Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating - the underlying cause last. DUE TO (b) <u>Carcinoma, Colon, Metastatic to Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>March '49</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>153X</u>	
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>MARCH</u> , 19 <u>48</u> , to <u>MARCH</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>MARCH 10</u> , 19 <u>49</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Humphreys D. M.D.</u>		23b. ADDRESS <u>Pilot Grove, Mo.</u>		23c. DATE SIGNED <u>3/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 16 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar - 15 - 49</u>	REGISTRAR'S SIGNATURE <u>Nellie Mullett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays &amp; Painter - Pilot Grove Mo</u>	ADDRESS <u>Pilot Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4827  
g

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-22-49

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Wis.

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.