

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31240

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

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5881		Registrar's No. 25			
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural . Jeff Twp</u>		c. LENGTH OF STAY (in this place) <u>89 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural . Jeff Twp</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belle, Mo. R D /</u>				d. STREET ADDRESS (If rural, give location) <u>Belle, Mo. R D.</u>					
3. NAME OF DECEASED (Type or Print) <u>Melissa Jane Groff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 9th, 1860</u>			
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		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>Osage County Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Elisa Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Groff</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev B.S. Groff Belle Mo</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>Insanity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Y</u>				INTERVAL BETWEEN ONSET AND DEATH <u>194X</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) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Jeff Twp Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>V</u>					
22. I hereby certify that I attended the deceased from <u>August 17, 1949</u> , to <u>Sept 14, 1949</u> , that I last saw the deceased alive on <u>August 31, 1949</u> , and that death occurred at <u>11:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>O. V. Jones, M.D.</u> (Degree or title)			23b. ADDRESS <u>Belle</u>			23c. DATE SIGNED <u>Oct 25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Mo R. DP?</u>			
DATE REC'D BY LOCAL REG. <u>Oct 1-1949</u>		REGISTRAR'S SIGNATURE <u>T. A. Quinnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>		ADDRESS <u>Linn Mo</u>			

OCT 5 1949

District Health Officer No. 9,
District File Number
RECEIVED
OCT 5 1949

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
Student Embalmer

Signed Vernon M. Morten

Licensed Embalmer No. 4/125

P. O. Address Linn, 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.