

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33430

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5382 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>DARKEN,</u>	
c. LENGTH OF STAY (In this place) <u>55 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Near Darien, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None. Darien, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>	b. (Middle) <u>A</u>	c. (Last) <u>Grogan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19, 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 28, 1894</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Andrew Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Stewart</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Grogan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Steelman</u>	ADDRESS <u>Salem, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Unclear</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma liver</u>		155X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uncertain whether primary or not</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-25-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver - metastatic - generalized</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-3-49 19, to 10-19-49 19, that I last saw the deceased alive on 10-8-49 19, and that death occurred at 2:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jas D. Luciford</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>10-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-25-49</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>	ADDRESS <u>Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11/1/99

District Health Officer No. 5,

District File Number 1149677

Date Filed 11/3/99

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 No. _____

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.