

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36895**

FILED DEC 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1044**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bucyrus</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>2109 St. Joseph Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FLOSSIE</b>	b. (Middle) <b>BARRETT</b>	c. (Last) <b>GROVE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 13, 1891</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Mound City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John French</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Bass</b>	14. NAME OF HUSBAND OR WIFE <b>Warren Grove</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Warren Grove</b>	ADDRESS <b>St. Joseph, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		<b>1 hr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decompensating Heart Lesion</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4:20</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **11-24**, 1949, to **11-27**, 1949, that I last saw the deceased alive on **11-27**, 1949 and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Feller M.D.</b>	(Degree or title)	23b. ADDRESS <b>609 Cherry Springfield</b>	23c. DATE SIGNED <b>11-29-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>11-30-49</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Handley M.D.</b>	ADDRESS <b>Lozman-Schapel Fun. Home Springfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Gene C. Hunter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, W.

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.