

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19828

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5413		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweden, Rural, Walls			c. LENGTH OF STAY (in this place) 69	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweden, Rural, Walls 0340			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) U			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence			b. (Middle) Eyness		c. (Last) Grote		4. DATE OF DEATH (Month) (Day) (Year) 5-16-50
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-13-80		9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Green County, Ind. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Grote		13b. MOTHER'S MAIDEN NAME Sarah Fulk		14. NAME OF HUSBAND OR WIFE Lora Miller Grote			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lora Grote Sweden mo			
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) Multiple Gastric Ulcers ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Gastric hemorrhage DUE TO (c) Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5400
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 15, 1950 to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 12:15 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS Ava, Mo.		23c. DATE SIGNED 5/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Wasola, Missouri		
DATE REC'D BY LOCAL REG. June 10-50		REGISTRAR'S SIGNATURE Catal Bushman 84		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frankingbeard Funeral Home, Ava, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 13 1950
District Health Office No. 6,
District File Number 650-696
Date Filed 6-16-50

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 _____

Lyle C. Clinkingbeard

Student Embalmer No. 313

Working under my personal supervision.

Student Lyle C. Clinkingbeard
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.