No. 300
10.48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26269

State File No.

BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baker Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bosworth 0170
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): PIPER
c. (Last): GROVES

4. DATE OF DEATH (Month) (Day) (Year): June 17 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married, 1
8. DATE OF BIRTH: Nov-23-1872
9. AGE (In years last birthday): 73. IF UNDER 1 YEAR: Months 6 Days 24 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Bosworth, Mo. (rural)
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Groves
13b. MOTHER'S MAIDEN NAME: Sarah Piper
14. NAME OF HUSBAND OR WIFE: Anna Groves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Raymond Groves ADDRESS: Bosworth

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: E9030

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall getting out of bed — 21
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:
19b. MAJOR FINDINGS OF OPERATION: 017
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home (farm)
21c. (CITY, TOWN, OR TOWNSHIP): New Bosworth (COUNTY): Carroll (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 14 50 2am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* 14 June, 1950, *to* 17 June, 1950, *that I last saw the deceased alive on* 17 June, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Allen (Degree or title): M.D.
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 30 June 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19-50
24c. NAME OF CEMETERY OR CREMATORY: Big Creek
24d. LOCATION (City, town, or county) (State): Bosworth (rural) Mo.

DATE REC'D BY LOCAL REG.: 6/19/50
REGISTRAR'S SIGNATURE: Mr Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE: David J. Edwards ADDRESS: Bosworth Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 1952

JAN 29 1963

RECEIVED
JUL 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 David J Edwards

Licensed Embalmer No. 32651

P. O. Address Bonneville Mo

Signed .....
Student Embalmer

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.