

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27500

State File No.

No. 300
10.48

2010

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

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u> <u>0612</u>	
c. LENGTH OF STAY (in this place) <u>34 days</u>		d. STREET ADDRESS (If rural, give location) <u>525 South Rollins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stel. Hilltop, Catapathic Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Druvy</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Grove</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8, 1950</u>		
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>May 1, 1862</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>
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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Macon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Stone Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Cooley</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Violet Waller - 525 So. Rollins</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Psychosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u> <u>6 years</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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 5, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug. 8, 1950, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Still</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Macon Md</u>		23c. DATE SIGNED <u>8/8/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem, Ia.</u>		24d. LOCATION (City, town, or county) (State) <u>Excella Mo. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-15-50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		185 <u>185</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Stepena & Gooding</u>		ADDRESS <u>Macon, Mo.</u>	
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RECEIVED 8-22-50
MACON COUNTY HEALTH DEPARTMENT
County File No. 8-50-164
Date Filed 8-24-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.