

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30196

State File No.

FILED SEP 19 1950

NO. 300
REV. 10. 48

0420
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5502</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural; Bear Creek</u>		c. LENGTH OF STAY (in this place) <u>30yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural; Bear Creek</u>		<u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. of Montrose on Hwy. 52</u>				d. STREET ADDRESS (If rural, give location) <u>E. of Montrose on Hwy. # 52</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benedict</u>			b. (Middle) <u>(NMI)</u>		c. (Last) <u>Groner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 6 1874</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Wesphalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simon Groner</u>			13d. MOTHER'S MAIDEN NAME <u>Mary Balkenbush</u>		14. NAME OF HUSBAND OR WIFE <u>Henritta Groner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henritta Groner Montrose, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS</u>						<u>2+YR</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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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 <u>April</u> , 19 <u>49</u> , to <u>14 Aug.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>14 AUG.</u> , 19 <u>50</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>9 Sept. 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Sept-15-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. ...</u>		ADDRESS <u>Clinton</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-50

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 *Frank Wilkerson Jr.*

Licensed Embalmer No. 43910

P. O. Address *Clinton 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.