

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32388**

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4519** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool	
c. LENGTH OF STAY (in this place) 11 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) BELLE c. (Last) GROGAN			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1950		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 11 1873	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 MRS. Hours # UNDER 1 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown 9	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Morgan McGowan		13b. MOTHER'S MAIDEN NAME Martha Allen		14. NAME OF HUSBAND OR WIFE William Butler Grogan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME William B. Grogan ADDRESS Cabool 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 20 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis			—	
		DUE TO (c) Hypertension			—	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X	

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) (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 **May 1947**, to **Sept 17, 1950**, that I last saw the deceased alive on **Sept 17, 1950**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. B. Grogan (Degree or title) 0		23b. ADDRESS Cabool Mo		23c. DATE SIGNED Sept 19 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept 20 - 50		24c. NAME OF CEMETERY OR CREMATORY Nagle	
24d. LOCATION (City, town, or county) (State) Texas Co. Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Raymond H. Elliott		24f. ADDRESS Cabool Mo.	
DATE REC'D BY LOCAL REG. 9-19-50		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE Raymond H. Elliott ADDRESS Cabool Mo.	

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

DIVISION OF HEALTH OF MO.

Dist. No. 5 - Springfield

RECEIVED SEP 25 1950

DJ File 950-1989

Date Filed 9-27-50

EC 21 1353

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 Gaylord V Elliott

Signed _____
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address Carol m

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.