

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5618

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 23

0821

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana,</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>32I North Carolina St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32I North Carolina St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Delphia</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Grove</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 21, 1990</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 1 YEAR <u>13</u> Days	IF UNDER 1 YEAR Hours <u>13</u> Min.
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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>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Tumilty</u>	13b. MOTHER'S MAIDEN NAME <u>Ora Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph A. Grove</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph A. Grove, Louisiana, Mo.</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3mo</u> <u>6mo.</u> <u>1919</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastasized Carcinoma of the</u> <u>trix</u> <u>Stomach Cell Carcinoma</u> <u>abdomen</u> DUE TO (b) _____ 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"/>
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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 <input type="checkbox"/> 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 11-20-50 to 3-4, 1951, that I last saw the deceased alive on 3-4, 1951, and that death occurred at 1:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Hewellen M.D.</u>	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>3-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/6/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 1951</u>	REGISTRAR'S SIGNATURE <u>Berniece Collier</u>	FUNERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u>	ADDRESS <u>Louisiana, Mo.</u>
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Date Received: MAR 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-518
Date Filed: MAR 10 1951

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, ~~XXXX~~ _____

working under my personal supervision.

~~XXXXXXXXXXXXXXXXXXXX~~

Signed George O. Wagner
Licensed Embalmer No. 3773

Signed.....
Student Embalmer

P. O. Address Louisiana, 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.