

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9254

FILED APR 11 1951

State File No.

BIRTH NO. REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 5725 Registrar's No. 37

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>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dawn - rural 0170</u>	
c. LENGTH OF STAY (in this place) <u>39 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Hilareth Osteopathic Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Grozinger</u> c. (Last) <u>Grozinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17 1951</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>	8. DATE OF BIRTH <u>May 24, 1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (State or foreign country) <u>Missouri (Carroll County)</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harve Grozinger</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Leone Grozinger</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>Unknown</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evert Grozinger Dawn, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u>		<u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sepsis</u> DUE TO (c) <u>Dysplagic Aspiration Pneumonia</u>		<u>12 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subdural Hematoma of Uterus Cause 3 months</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Psychosis, Involuntional</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>493X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Feb. 6, 1951, to Mar 17, 1951, that I last saw the deceased alive on Mar 17, 1951, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Evelyn W. Fitz D.O. 2</u>	23b. ADDRESS <u>St. Hilareth Osteopathic San. Macon, Mo.</u>	23c. DATE SIGNED <u>Mar. 17-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Enon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carroll County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-20-51</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bernard H. Meach</u>	ADDRESS <u>B raymer, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1956

APR 25 1956

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RECEIVED
MASON COUNTY HEALTH DEPARTMENT
County File No. 4.51-58
Date Filed 4.9.51

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Samuel P. Mead*

Licensed Embalmer No. 2801

P. O. Address..... Braymer, 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.