

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22113**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>807</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
		d. STREET ADDRESS (If rural, give location) <u>2012 So. 10th</u> <u>8'</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u>		b. (Middle) <u>R</u>		c. (Last) <u>Groshong</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1951</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>May 18, 1904</u>	9. AGE (In years last birthday) <u>47</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electric Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mack Groshong</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Frogge</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Groshong</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>495-01-6767</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs M.H. Soethout St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Acute Myocardial Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>  <u>1 year</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) <u>4222</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>June</u> , 19 <u>50</u> , to <u>July 30, 1951</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>51</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>B. M. Riles</u> (Degree or title) <u>V.O.</u>		23b. ADDRESS <u>926 Edmond St.</u>		23c. DATE SIGNED <u>7/31/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heroman (President) 1802 Union St</u>

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 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, or by \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed .....  
Student Embalmer

Signed

*Robert H. Gable*

Licensed Embalmer No. 3308

P. O. Address *St Joseph 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.