

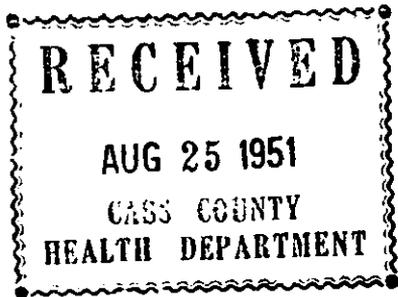
FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26385**

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4102</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>Creston</u>		c. LENGTH OF STAY (in this place) <u>82 yrs.</u>		c. CITY OR TOWN <u>Creston</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>W. Main St. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>(-)</u> c. (Last) <u>Groschart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 14 1851</u>		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 14 HRS. <u>99</u> Months <u>8</u> Days <u>0</u> Hours <u>-</u> Min. <u>-</u>		
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>home</u>		11. BIRTHPLACE (State or foreign country) <u>Casey, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. S. Lacey</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Frijell</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. Groschart (Deceased)</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. Annie Staley Creston</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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyperkalemia</u>						<u>3 mo</u>	
DUE TO (c) <u>Senility</u>							
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 <u>443X</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>Oct 10, 1945</u> , to <u>Aug 14, 1951</u> , that I last saw the deceased alive on <u>Aug 10, 1951</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Emery, M.D.</u>				23b. ADDRESS <u>Garden City Mo</u>		23c. DATE SIGNED <u>8/15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Aug 17 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cass Co Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 21 1951</u>		REGISTRAR'S SIGNATURE <u>Nora Barriard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Judith K. ...</u>		ADDRESS <u>Clifton Mo</u>	

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



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 *Fred E. Williams Jr.*.....

Licensed Embalmer No. *4510*.....

P. O. Address *Clinton*.....

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.