

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41620

State File No.

FILED JAN 5 1952

5402

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		n 541	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Hosp</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Jeannie Groves b. (Middle) s c. (Last) s

4. DATE OF DEATH (Month) (Day) (Year) 12 16 51

5. SEX <u>Fe 3</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>wid</u>	8. DATE OF BIRTH <u>about 81 yrs</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME Unk 13b. MOTHER'S MAIDEN NAME Milinda Ashley 14. NAME OF HUSBAND OR WIFE Arthur Groves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Isadore Chinn ADDRESS 2810 Benton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon

ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 153h

19a. DATE OF OPERATION 12/15/51 19b. MAJOR FINDINGS OF OPERATION Cancer of Colon (ascending) 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ke Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12/13/51 to 12/16/51, that I last saw the deceased alive on 12/15/51, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) L.W. Turner MD 23b. ADDRESS 1612 E 12 23c. DATE SIGNED 12/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removed 24b. DATE 12 16 51 24c. NAME OF CEMETERY OR CREMATORY Higginsville Mo. 24d. LOCATION (City, town, or county) (State) Higginsville Mo

DATE REC'D BY LOCAL REG. 12-16-51 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE William B. ... ADDRESS 18th & Benton Block

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Bruce R. Matthews

Signed.....
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 2814 Benton

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.