

No. 300  
10.48

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 760  
Registrar's No. 8

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gladden Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gladden Twp</u>	
c. LENGTH OF STAY (In this place) <u>66 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Jadwin, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jadwin, Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>Jadwin, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Grogan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/22/52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/29/1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days
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 <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Frank Grogan</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Luttie Grogan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luttie Grogan, Jadwin, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis - pulmonary</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____		
	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>002X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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

22. I hereby certify that I attended the deceased from 4-13-1951, to 1-25-1952, that I last saw the deceased alive on 1-7-1952, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Hurt</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>1-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>1/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1-25-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hurt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spence</u>	ADDRESS <u>Salem, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

330  
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**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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.