

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27449**

FILED AUG 20 1952

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4094</b>		Registrar's No. <b>120</b>		
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>				
b. CITY OR TOWN <b>Boardman City</b>		c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		c. CITY OR TOWN <b>Boardman City</b>		d. STREET ADDRESS (If rural, give location) <b>1173</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>WILLIAMS</b> c. (Last) <b>Groves</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 9 52</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 27-1868</b>		
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (State or foreign country) <b>Hartsville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13a. FATHER'S NAME <b>Tarasha Groves</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bibb</b>		14. NAME OF HUSBAND OR WIFE <b>Similda L. Groves</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ms. Similda L. Groves</b> ADDRESS <b>Boardman City, Mo.</b>				
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) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis Heart</b> 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 <b>30 min</b> <b>15 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>					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)				
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 <b>Jan 1932</b> to <b>9 Aug 1952</b> , that I last saw the deceased alive on <b>8 Aug 1952</b> , and that death occurred at <b>12:30 p.m.</b> , from the cause and on the date stated above.								
23a. SIGNATURE <b>Robert Ellis Mc</b> (Degree or title)				23b. ADDRESS <b>Boardman City, Mo.</b>		23c. DATE SIGNED <b>10 Aug 52</b>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 12, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Boardman City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Boardman City, MO</b>		
DATE REC'D BY LOCAL REG. <b>Aug 12 1952</b>		REGISTRAR'S SIGNATURE <b>Nora Barman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins &amp; Pinkel</b>		ADDRESS <b>Boardman City, Missouri</b>		

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

AUG 20 1952

RECEIVED  
AUG 16 1952  
CASS COUNTY  
HEALTH DEPARTMENT

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 *Billy J. Hickory* \_\_\_\_\_

Licensed Embalmer No. *84685* \_\_\_\_\_

P. O. Address *London City, 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.