

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28565

State File No. ....

FILED AUG 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b> <u>0512</u>	
c. LENGTH OF STAY (In this place) <b>42yrs</b>		d. STREET ADDRESS (If rural, give location) <b>445, E. Market st.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bera</b>	b. (Middle) <b>Lytle</b>	c. (Last) <b>Groves</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 3, 1952</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>27, Nov. 1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>house keeper</b>	11. BIRTHPLACE (State or foreign country) <b>Bates Co., MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Newton Groves</b>	13b. MOTHER'S MAIDEN NAME <b>Dollie Sayles</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-22-0740</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. O. Robinson</b>	ADDRESS <b>Centerview, MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast</b>		
	ANTECEDENT CAUSES <b>generalized metastases</b>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 2, 1952 to 3rd Aug, 1952, that I last saw the deceased alive on 3rd Aug, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Deed Mason</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Warrensburg Mo.</b>	23c. DATE SIGNED <b>4 Aug 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6 Aug, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 4, 1952</b>	REGISTRAR'S SIGNATURE <b>Savannah Hutchins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips</b>	ADDRESS <b>Warrensburg, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1952

RECEIVED  
AUG 12 1952  
JOHNSON COUNTY HEALTH

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.....  
Student Embalmer

Signed

*J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address *Warrensburg, 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.