

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30790

State File No. ....

FILED OCT 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1036

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Joseph</u>   |  |
| c. LENGTH OF STAY (In this place)<br><u>47 years</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>1311 So. 30th St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>1311 So. 30th St.</u> |  |   |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Howard</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Grove</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>September 30, 1952</u> |
|--|--|--|--|

|                    |                               |  |   |  |  |   |
|--------------------|-------------------------------|--|---|--|--|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>April 23, 1903</u> | 9. AGE (In years last birthday)<br><u>49</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 1 YEAR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---|--|--|---|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>proprietor</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Checker food Co.</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Clarksdale, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|--|--|--|--|

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|--|---|---|
| 13a. FATHER'S NAME<br><u>Eli Grove</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary H. Rader</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Cleta</u> |
|--|---|---|

|   |  |  |   |
|---|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>unk.</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Cleta Grove</u> | ADDRESS<br><u>1311 S. 30, St. Joseph, Mo.</u> |
|---|--|--|---|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 mo. ±</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary BRACHIOGENIC CARCINOMA</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>162X</u> | 20. AUTOPSY?<br>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) | 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 JUNE, 1952, to 9-30-, 1952, that I last saw the deceased alive on 9-30-, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

|                                       |                                  |                                     |                                    |
|---------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>M. E. Grimes</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>St Joseph Mo</u> | 23c. DATE SIGNED<br><u>10-1-52</u> |
|---------------------------------------|----------------------------------|-------------------------------------|------------------------------------|

|  |                               |   |   |
|--|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>10/3/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph Missouri</u> |
|--|-------------------------------|---|---|

|  |  |  |                                 |
|--|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Oct 2, 1952</u> | REGISTRAR'S SIGNATURE<br><u>Carl P. Cash</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Wheaton-Bayman Funeral Home</u> | ADDRESS<br><u>St Joseph Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

OCT 17 1952  
27 1952

OCT 17 1952

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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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 510 So 10th, St. Joseph, 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.