

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37979

State File No.

210
1

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dalton</u> <u>0285</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ione</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Grotjan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1912</u>
9. AGE (In years last birthday) <u>40</u>		10. MONTHS <u>2</u>	10. DAYS <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dalton Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Till Grotjan</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Sasse</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Frederick Sasse</u>		ADDRESS <u>Dalton 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of lung (right)</u>			<u>5 mo</u>
DUE TO (c) <u>Carcinoma of breast (right)</u>			<u>2 years</u>
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>170X</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) (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 <u>Aug 16</u> , 1952, to <u>Nov. 23</u> , 1952, that I last saw the deceased alive on <u>Nov. 23</u> , 1952, and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Glenwood Fowler</u>		23b. ADDRESS <u>Keystonville, Mo</u>	
23c. DATE SIGNED <u>11/28/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 25, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dalton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4-52</u>		REGISTRAR'S SIGNATURE <u>Mildred Baine</u> <u>56-</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home</u>		ADDRESS <u>Brunswick, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

myself

Student Embalmer No. _____

working under my personal supervision

Student

Student Embalmer

Signed Walter E. Meyer

Licensed Embalmer No. 04491

P. O. Address Brunswick, 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.