

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41626**

No. 300
10-48
FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1302

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington	
c. LENGTH OF STAY (In this place) 1 1/2 yrs.		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 2, St. Joseph.		d. STREET ADDRESS (If rural, give location) R.F.D. # 2, St. Joseph	

3. NAME OF DECEASED (Type or Print)	a. (First) EVA	b. (Middle) MAE	c. (Last) GROCE	4. DATE OF DEATH (Month) (Day) (Year)
				12 3 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-26-1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Red Oak, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phelps	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John H. Groce
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John T. Groce, R.F.D. # 2, City
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Embolism DUE TO (c) Cerebral Anoxia		
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) (Min.)	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 12-2, 1952, to 12-3, 1952, that I last saw the deceased alive on 12-3, 1952, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE Brook K. Fleming M.D. (Degree or title)	23b. ADDRESS 1906 St. Joseph, Mo.	23c. DATE SIGNED 12-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-6-1952	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Dec 16, 1952	REGISTRAR'S SIGNATURE Carl C. Casty	446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William C. Boyan

Licensed Embalmer No. 4795

P. O. Address 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.