

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43078

State File No.

FILED DEC 17 1952

 BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY OR TOWN Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 S. Science		d. STREET ADDRESS (If rural, give location) 506 S. Science	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN		b. (Middle) GROTE	
c. (Last) GROTE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 52	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27 1879
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 6 HRS. Hours 10 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pike County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Grote	
13b. MOTHER'S MAIDEN NAME Gesina Purk		14. NAME OF HUSBAND OR WIFE Clara Grote	
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 Mrs Herman Grote, Bowling Green, Mo.
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) Hypertensive Valvular Heart Disease DUE TO (b) Disease DUE TO (c) Coronary Infarction 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"/>
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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Dec. 1, 1952 , to Dec. 7, 1952 , that I last saw the deceased alive on Dec. 6, 1952 , and that death occurred at 9 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS (Degree or title) M. D. 707 Bdwy, Hannibal, Mo.	23c. DATE SIGNED 12-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10 52	24c. NAME OF CEMETERY OR CREMATORY St. Clement
24d. LOCATION (City, town, or county) (State) St. Clement Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Bowling Green, Mo.	
DATE REC'D BY LOCAL REG. 12-12-52		REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Bowling Green, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed: *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address: *Beaulieu Green, N.Y.*

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.