

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1089

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 17 Yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 2309 Lawn	

3548

3. NAME OF DECEASED (Type or Print) a. (First) Norris b. (Middle) Groves c. (Last) Groves			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24 1916	9. AGE (In years: last birthday) 37	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse man
10a. KIND OF BUSINESS OR INDUSTRY Safeway Stores Inc.		11. BIRTHPLACE (City and State or Foreign Country) Plato Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Jefferson Groves	13b. MOTHER'S MAIDEN NAME Esta Dearduff	14. NAME OF HUSBAND OR WIFE Nina Groves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War No. 2	16. SOCIAL SECURITY NO. 496-01-9244	17. INFORMANT'S SIGNATURE OR NAME Nina Groves-2309 Lawn-Kansas City, 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, asphyxia, 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) Myocardial infarction		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Arterio sclerosis		3 days
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 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 **12-18 1949**, to **2-19 1953**, that I last saw the deceased alive on **2-19 1953** and that death occurred at **6:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Long	(Degree or title) M.D.	23b. ADDRESS 4800 E. 24th K.C.	23c. DATE SIGNED 2-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23-1953	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-21-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster	ADDRESS 918 Brooklyn K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. R.S. Long
4800 E 24

Bx 5949

after 1:00 pm

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

J. Vigil Herrick

Licensed Embalmer No. 3589

P. O. Address J.C.M.

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.