

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8835**

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 297
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 St. Joseph		c. LENGTH OF STAY (in this place) 45 Yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2705 Penn St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		
		d. STREET ADDRESS (If rural, give location) 2705 Penn St. 0		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Michael		c. (Last) Growney
4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1877	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (14) Salesman Comm. Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Conception, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Phillip Growney		13b. MOTHER'S MAIDEN NAME Margaret McCabe		14. NAME OF HUSBAND OR WIFE Margaret E. Growney
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 C.M. Growney St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum INTERVAL BETWEEN ONSET AND DEATH about 6 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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) 154X
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 4/25, 1953 to 3/6, 1953 that I last saw the deceased alive on 2/26, 1953 and that death occurred at 12:15 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Inscribed by the Registrar) Wm. Redmond		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-53		24c. NAME OF CEMETERY OR CREMATORY St. Columbian
24d. LOCATION (City, town, or county) (State) Conception, Mo.				
DATE REC'D BY LOCAL REG. March 9, 1953	REGISTRAR'S SIGNATURE Wm. P. Baluani		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. S. Sanderford 4802 Union St	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Herman W. Sidonsen*

Licensed Embalmer No. 2728

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.