

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED MAR 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. LENGTH OF STAY (in this place) <u>51 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		11-00	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Mamie Geneva Fource</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 11-1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	
8. DATE OF BIRTH <u>Sept. 18-1879</u>		9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>5</u>		DAYS <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Genevieve Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Grooms</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Agnew</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hazel Fox Potosi Mo.</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm internal carotid, right, with left hemiplegia.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>451X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mos.</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>Jan 21</u> <u>1953</u> , to <u>March 11</u> , <u>1953</u> , that I last saw the deceased alive on <u>Jan 11</u> , <u>1953</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>3-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-53</u>		REGISTRAR'S SIGNATURE <u>Richard Maraden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr</u> ADDRESS <u>Potosi Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAR 25 1963

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.