

FILED SEP 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32443

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 82

0670

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) Life		0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Miles W. Of Charleston		d. STREET ADDRESS (If rural, give location) 904 West Marshall 0	

3. NAME OF DECEASED (Type or Print) a. (First) Clyde	b. (Middle) Wayne	c. (Last) Groves	4. DATE OF DEATH (Month) (Day) (Year) August, 26, 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Feb. 15, 1948	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (State or foreign country) Charleston, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clyde Everett Groves	13b. MOTHER'S MAIDEN NAME Earline Farley	14. NAME OF HUSBAND OR WIFE
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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 Mrs Clyde Groves, Charleston, Mo.	ADDRESS
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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, asthma, 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) <i>Basal skull fracture</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ran over by car</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Instantly</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <i>Mississippi</i> (STATE) <i>Mo.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>8-26-53 10P.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>ran over by car</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00P m., from the causes and on the date stated above.

23. SIGNATURE <i>David Shelby, coroner</i> (Degree or title)	23b. ADDRESS <i>Last Prairie Mo.</i>	23c. DATE SIGNED <i>8-27-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/28/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>9-20-53</i>	REGISTRAR'S SIGNATURE <i>John Hearn</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Hearn</i> ADDRESS <i>The Number 88 Funeral Chapel, Charleston,</i>
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RECEIVED

SEP 24 1953

Miss. Co. Health Dept

County File No. 953

Date Filed SEP 25 1953

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 Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Chickasaw, Miss.

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.