

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42401

State File No.

V. S. No. 300
Rev. 10-48-

FILED DEC 24 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 358

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Iberia</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>0669</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Issac</u>	b. (Middle) <u>C. Groves</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Eliza Groves</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Breden</u>	14. NAME OF HUSBAND OR WIFE <u>Susie Groves</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Susie Groves</u> ADDRESS <u>Iberia, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>days</u> <u>25 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thromboses & multiple thrombosis of left kidney</u>	DUE TO (b) <u>Post-operative supra aortic arteriosclerotic heart disease</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11/24/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Hypertrophied Prostate</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/16, 1953, to Dec 19, 1953, that I last saw the deceased alive on Dec 19, 1953 and that death occurred at 10:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas V. Munn MD</u>	23b. ADDRESS <u>507 E High</u>	23c. DATE SIGNED <u>12/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Miller Co. Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 21-1953 R.P. Williams JR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u> ADDRESS <u>Hedges Funeral Homes Inc. Iberia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1956

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.....
Signature of Student Embalmer

Signed..... *Walter D. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Iberia Wn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.