No. 300
10.48

4

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6

BIRTH FILED FEB 10 1954 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Kirksville Adair Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KIRKSVILLE Rms
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nursing Home #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DOWNING Fabius RR
d. STREET ADDRESS (If rural, give location) East of Lancaster D989

3. NAME OF DECEASED (Type or Print)
a. (First) Louis
b. (Middle) Albert
c. (Last) Groseclose

4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH (Month) (Day) (Year) Aug 1 1888 Feb 1 1954
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Schuyler County Mo USA
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Groseclose
13b. MOTHER'S MAIDEN NAME Mary Snider
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Edwin Groseclose ADDRESS Lancaster Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Renal Insufficiency

DUE TO (c) Chronic Pyelonephritis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Bronchial Pneumonia

Esophageal Ulcer

Chronic Nutritional Malnutrition

INTERVAL BETWEEN ONSET AND DEATH: Coma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-9, 1952 *to* 2-1, 1954, *that I last saw the deceased alive on* Feb 1, 1954, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE David W. Brane (Degree or title) MD
23b. ADDRESS Kirksville Mo
23c. DATE SIGNED Feb 1 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 3 1954
24c. NAME OF CEMETERY OR CREMATORY Fabius
24d. LOCATION (City, town, or county) (State) Schuyler County Mo

DATE REC'D BY LOCAL REG. 2-2-54
REGISTRAR'S SIGNATURE Nate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE Brian Norman Lancaster Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 195

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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.