

FILED JAN 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 144

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY OR TOWN Columbia	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		e. STREET ADDRESS (If rural, give location) Shoafs Nursing Home 0143/1	

3. NAME OF DECEASED (Type or Print) LEVICA	a. (First)	b. (Middle) ANN	c. (Last) GROSE	4. DATE OF DEATH Jan. 2, 1954	Date (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1860	9. AGE (In years last birthday) 93	If UNDER 1 YEAR Days	If UNDER 2 HRS. Hours	If UNDER 4 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William P. Barnes	13b. MOTHER'S MAIDEN NAME Margaret Coats	14. NAME OF HUSBAND OR WIFE George Grose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Smith, Columbia, Mo.
15. (If yes, give war or dates of service)	16. NO.	17. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ferility</i>	DUE TO (b) <i>E9027</i>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <i>45</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fred. St. this recent.</i>			

19a. DATE OF OPERATION 12-30-53	19b. MAJOR FINDINGS OF OPERATION <i>no operation (Plaster shirt applied)</i>	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, store, street, office, etc.) <i>Shoaf Nursing Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Fulton Callaway Mo.</i>
21d. TIME OF INJURY <i>Not known</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fallout of bed</i>

22. I hereby certify that I attended the deceased from 12-30-53, 1953, to 1-2-54, 1954, that I last saw the deceased alive on 1-2-54, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>William J. Stewart, M.D.</i>	(Degree or title)	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 1/5/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.

DATE REC'D BY LOCAL REG. Jan 5 1954	REGISTRAR'S SIGNATURE Mrs R E Palmer	31-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service Columbia, Mo
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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.....
Signature of Student Embalmer

Signed *Thos L. Davis*

Licensed Embalmer No. *4122*

P. O. Address *Columbus*

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.