

STANDARD CERTIFICATE OF DEATH

State File No. **5283**

FILED **MAR 1 1954**

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559V** Registrar's No. **11**

0-500

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joachim		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Joachim 0-500	
c. LENGTH OF STAY (In this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) Festus, R#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Festus, Route #2			

3. NAME OF DECEASED (Type or Print) Edward George Grobe			4. DATE OF DEATH (Month) (Day) (Year) 2/ 7/ 54		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours 7 Min.
-----------------	---------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Ste Genevieve, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--	---

13a. FATHER'S NAME Henry Grobe	13b. MOTHER'S MAIDEN NAME Henrietta Walbrine	14. NAME OF HUSBAND OR WIFE Rose Haug
---------------------------------------	---	--

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. 498-07-4663A	17. INFORMANT'S SIGNATURE OR NAME Lester Grobe	ADDRESS Festus, Mo. R#2
--	---	---	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis		unknown
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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)	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 **April 1st, 1950**, to **Feb 13, 1954**, that I last saw the deceased alive on **Dec 10, 1953**, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Capital City Mo	23c. DATE SIGNED Feb 15 1954
-----------------------------------	-----------------------------	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/54	24c. NAME OF CEMETERY OR CREMATORY Valle Cemetery	24d. LOCATION (City, town, or county) (State) Ste Genevieve, Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 2-16-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard	ADDRESS Festus, Mo.
---	--	---	----------------------------

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 24 1954

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 Donald H. Venzard

Licensed Embalmer No. 44608

P. O. Address Festus, 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.