

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5723

State File No.

FILED MAR 4 1954 REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 441 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. LENGTH OF STAY (in tenths) Lifetime	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		d. STREET ADDRESS (If rural, give location) 1 mi. N. Bowling Green	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 mi n. Bowling Green			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Martin c. (Last) Grote		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 19 1878
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of his life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Pike County, Missouri
10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Grote		13b. MOTHER'S MAIDEN NAME Adaline	14. NAME OF HUSBAND OR WIFE None
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 ADDRESS Louis Grote (brother) Bowling Green Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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 <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 3/17, 1953, to 2/19, 1954, that I last saw the deceased alive on 2/13, 1954, and that death occurred at 6:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) J. C. White, Jr.		23b. ADDRESS Bowling Green, Mo.	
23c. DATE SIGNED 2/22/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 22 54	
24c. NAME OF CEMETERY OR CREMATORY St. Clement		24d. LOCATION (City, town, or county) (State) St. Clement Mo.	
DATE REC'D BY LOCAL REG. Feb 22 1954		REGISTRAR'S SIGNATURE 254-0 J. O. Mull	
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS J. O. Mull Funeral Home, Bowling Green, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MO.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Meade*
Licensed Embalmer No. *4152*

P. O. Address *Beverly Hills, 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.