

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer rural Thayer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0750	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) GROOMS	4. DATE OF DEATH (Month) (Day) (Year) March 22, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 26, 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR 8 Months 20 Days	IF UNDER 100 Hrs. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Linden, Tenn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Jasper Grooms	13b. MOTHER'S MAIDEN NAME Mahalia Dabbs	14. NAME OF HUSBAND OR WIFE Sylvia Mae Grooms
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harding Grooms Alton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>fatal ulcer</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis</i> DUE TO (c) <i>Scurvy</i>		
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"/>
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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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Dec 19 54, to March 2 1954, that I last saw the deceased alive on 19, and that death occurred at 11:53 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. W. J. Grooms</i>	23b. ADDRESS <i>Thayer, Mo.</i>	23c. DATE SIGNED <u>4-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/54	24c. NAME OF CEMETERY OR CREMATORY Norman Cemetery	24d. LOCATION (City, town, or county) (State) Oregon, Mo.
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DATE REC'D BY LOCAL REG. 4-20-1954	REGISTRAR'S SIGNATURE <i>Arthur Wolf</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edward Carter Thayer Mo.</i>
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(Licensee's Statement on Reverse Side)

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

No. 300  
10-48

**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

*J. Land Curtis*

Licensed Embalmer No. 4516

P. O. Address Stuyvesant

**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.