

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19544**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Elsberry		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Elsberry	
		d. STREET ADDRESS (If rural, give location) South 4th	
3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Eugene c. (Last) Groves			4. DATE OF DEATH (Month) (Day) (Year) May 19-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 25 1904
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glove Worker	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Laborer	12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME James Wesley Groves		13b. MOTHER'S MAIDEN NAME ROSELLA STANLEY	14. NAME OF HUSBAND OR WIFE
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. 497-03-3881	17. INFORMANT'S SIGNATURE OR NAME Louis Groves Elsberry, Jr
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTecedent CAUSES	
Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetes mellitus	
		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 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 28 , 1954, to May 19 , 1954, that I last saw the deceased alive on May 19 , 1954, and that death occurred at 10:52 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert M. Hall		23b. ADDRESS Clasberry Mo	23c. DATE SIGNED May 20 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21-54	24c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery	24d. LOCATION (City, town, or county) (State) Eolia Pike Mo
DATE REC'D BY LOCAL REG. 5/24/54	REGISTRAR'S SIGNATURE Mrs. Clarence Kientz	25. FUNERAL DIRECTOR'S SIGNATURE Clifton W. Miller	
		ADDRESS Elsberry, 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 May 19-195

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elkview, W. Va.

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.