

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19993**  
Registrar's No. **144**

FILED JUN 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>507 Barrow</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Virginia</b> b. (Middle) <b>Geruain</b> c. (Last) <b>Grugin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 13<sup>th</sup> 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>June 28<sup>th</sup> 1901</b>		9. AGE (in years last birthday) <b>52</b> Months <b>11</b> Days <b>15</b>		10. IF UNDER 1 YEAR Hours <b>0</b> Mins. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Charles Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Louie Nelson</b>	
14. NAME OF HUSBAND OR WIFE <b>Raymond</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-20-8635</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Grugin</b>		17. ADDRESS <b>Moberly, Mo</b>		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u></b>		INTERNAL BETWEEN ONSET AND DEATH <b>1 day</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Cerebral Hemorrhage</b>	
DUE TO (c)		2 days	
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 <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 12, 1954**, to **June 12, 1954**, that I last saw the deceased alive on **June 13, 1954**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. McCormick D.O.</b>		23b. ADDRESS <b>2300 1/2 Reed St. Moberly Mo.</b>		23c. DATE SIGNED <b>6-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-14-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
24d. LOCATION (City/Town, or county) (State) <b>Moberly Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahon and Son</b>		25. ADDRESS <b>Moberly, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/14/54</b>		REGISTRAR'S SIGNATURE <b>Robert Warren Coe</b>		REG. NO. <b>269</b>	

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

APR 18 1955

**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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.