

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12992**
Registrar's No. **105**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles	c. LENGTH OF STAY (in this place) 6wks	c. CITY OR TOWN Rural Hickory-Grove	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		f. STREET ADDRESS (If rural, give location) 1090	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Frank	c. (Last) Groeper	4. DATE OF DEATH (Month) (Day) (Year) 4/28/55
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 16 1877
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours 12 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Warren Co MO	12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME John Groeper	13b. MOTHER'S MAIDEN NAME Louise Wafel	14. NAME OF HUSBAND OR WIFE Emma Groeper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Emma Groeper Wright	ADDRESS City 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 Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cream		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastasis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153 X	20. AUTOPSY? YES <input checked="" 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)
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 **March 29, 1955** to **April 27, 1955**, that I last saw the deceased alive on **April 27, 1955**, and that death occurred at **8:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Coats M.D.	23b. ADDRESS Dr. Charles W.	23c. DATE SIGNED April 30, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial	24b. DATE 4/30/55	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	24d. LOCATION (City, town, or county) (State) Wright City MO.
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DATE REC'D BY LOCAL REG. April 30, 1955	REGISTRAR'S SIGNATURE James J. Coats	25. FUNERAL DIRECTOR'S SIGNATURE James J. Coats	ADDRESS Wright City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Julius J. Dieburg*.....
Licensed Embalmer No. *33*

P. O. Address *Wright*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.