

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15943

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton 0210	
c. LENGTH OF STAY (In this place) 2 mos.		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bunton Convalescent Home			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) G. c. (Last) GROTJAN			4. DATE OF DEATH (Month) (Day) (Year) 6 7--1955
5. SEX M male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-20-1868
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done in last 12 months) Retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) Dalton, Missouri
10b. KIND OF BUSINESS OR INDUSTRY Farmwork		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Louis Grotjan		13b. MOTHER'S MAIDEN NAME Mary Hickman	14. NAME OF HUSBAND OR WIFE Rosa Grotjan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kenneth Grotjan, Brunswick, Mo. ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 4/200 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cardiomyopathy; Pulmonary edema Conditions contributing to the death but not related to the disease or condition causing death. Central arteriosclerosis; Suicide psychosis	
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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on June 7 , 19 55 , and that death occurred at 7:40 P m., from the causes and on the date stated above.			
23a. SIGNATURE George Jay (Degree or title) 0		23b. ADDRESS Marceline Missouri	23c. DATE SIGNED 6-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-9-1955	24c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery	24d. LOCATION (City, town, or county) (State) Dalton, Missouri.
DATE REC'D BY LOCAL REG. 6-13-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mo	

(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
Student Embalmer

Signed L. W. Meesil

Licensed Embalmer No. 823

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.