

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25825

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY <b>Green</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Green</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Mo.</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Harrison Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Harrison Rest Home</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida M</b>	b. (Middle) <b>May</b>	c. (Last) <b>Grubaugh</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 20, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 28, 1880</b>	9. AGE (In years if under 1 year last birthday) Months Days <b>74</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Grubaugh</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret McGinnis</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Andy Grubaugh,</b>	ADDRESS <b>Springfield, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon Transverse</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>with Metastases.</b>		
	DUE TO (b) _____ DUE TO (c) <b>153x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Apr 55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Colon Resection (Transverse) because of Carcinoma Colon</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 March 19 55 to Aug 20, 19 55 that I last saw the deceased alive on Aug 15, 19 55 and that death occurred at 8 4 . m., from the causes and on the date stated above.

23. SIGNATURE <b>Robert W. Ballman</b>	(Degree or title)	23b. ADDRESS <b>1226 Woodruff Bldg -</b>	23c. DATE SIGNED <b>8-22-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 22, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Richwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Christian Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-25-55</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>	ADDRESS <b>Ozark Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *T. B. Chaffin* .....

Licensed Embalmer No. *219*

P. O. Address... *Ozark* .....

**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.