

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27177**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 218			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia, Mo.		c. LENGTH OF STAY (In this place) 75 yrs.		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1305 East 7th., St.				STREET ADDRESS (If rural, give location) 1305 East 7th., St.					
3. NAME OF DECEASED (Type or Print) a. (First) CLAUS			b. (Middle)			c. (Last) GROTHER			
4. DATE OF DEATH (Month) (Day) (Year) August 16, 1955			5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH Feb. 11, 1860			9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Lumber employee			11. BIRTHPLACE (City and State or Foreign Country) Benton County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Grother			13b. MOTHER'S MAIDEN NAME Katheryn			14. NAME OF HUSBAND OR WIFE Minnie Grother			
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. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Eickhoff, Sedalia, Mo.			
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) Pulmonary embolus					INTERVAL BETWEEN ONSET AND DEATH 5 min.		
		ANTECEDENT CAUSES DUE TO (b) Thrombo-angina obliterans					4 months		
		DUE TO (c) Arteriosclerosis					20 years		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility							
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 Apr. 46 , 19 46 , to Aug. 16, 1955 , that I last saw the deceased alive on Aug. 16, 1955 , and that death occurred at 7:20 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. J. Maunders (Degree or title) S.O.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 8/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/18/1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.			
DATE REC'D BY LOCAL REG. 8/19/55		REGISTRAR'S SIGNATURE Lavinia Evans, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Eckhart		ADDRESS Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

STATE-TO-STATE FUNERAL HOME

No. 300
0-48

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 *Russell C. Maa*.....

Licensed Embalmer No. *48*.....

P. O. Address *Sedalia,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.