FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10321

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 119

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre

c. LENGTH OF STAY (in this place) 8 days.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St. Francois

c. CITY OR TOWN Lexington or Route 2-Farmington

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒

e. STREET ADDRESS (If rural, give location) Route no 2-Farmington

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Frank b. (Middle) Charles c. (Last) Groom.

4. DATE OF DEATH (Month) (Day) (Year) March. 29- 1956.

5. SEX Male

6. COLOR OR RACE White Race.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 26- 1882

9. AGE (In years last birthday) 73-6-3. 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 merchant.

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (City and State or Foreign Country) Hulsey, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Mr. George Groom.

13b. MOTHER'S MAIDEN NAME Miss Mollie Hulsey.

14. NAME OF HUSBAND OR WIFE Mrs Edna May Fuller Groom.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. 486-38-1074

17. INFORMANT'S SIGNATURE OR NAME Mrs Edna M. Groom (wife) ADDRESS Route 2-Farmington, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) chronic myocarditis — several years

DUE TO (c) Hypertensive arterial sclerosis — several years; auricular fibrillation — several months.

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 C92 x

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/22, 1956, *to* 3/29, 1956, *that I last saw the deceased alive on* 3/28, 1956, *and that death occurred at* 12 40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Jones (Degree or title) M.D

23b. ADDRESS Flat River, Mo

23c. DATE SIGNED 3/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 31-1956

24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery

24d. LOCATION (City, town, or county) Farmington (State) Mo.

DATE REC'D BY LOCAL REG. Mar. 29, 1956

REGISTRAR'S SIGNATURE Esther Randolph

25. FUNERAL DIRECTOR'S SIGNATURE Elmer Hook ADDRESS 303 Crane St, Flat River, 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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin Wm Hood

Licensed Embalmer No...27

P. O. Address 303 Crane Fla

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.