

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>2da</u>		c. CITY OR TOWN <u>Leadwood</u>		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 <u>Bonne Terre Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>0940</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARTIN</u>		b. (Middle) <u>L.</u>		c. (Last) <u>GROVES</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>9</u>		(Year) <u>1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 30, 1927</u>	
9. AGE (In years last birthday) <u>28</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>		11. IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Leadwood, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Groves</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Lawson</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Groves</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>YES</u> <u>WW-2</u>		16. SOCIAL SECURITY NO. <u>492-265497</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doris Groves Leadwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Shock.</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Chest injury, Traumatic Amputation L arm</u> DUE TO (c) <u>mine accident</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9122</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Joe Mine # 12</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elversort St. Francis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 7 56 1A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pinned beneath unground locomotive</u>			
22. I hereby certify that I attended the deceased from <u>4-7</u> , 19 <u>56</u> , to <u>4-9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-9</u> , 19 <u>56</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. H. Appleberry MD</u>				23b. ADDRESS <u>Flour River MO</u>		23c. DATE SIGNED <u>4-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big River Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 11, 1956</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>			
				ADDRESS <u>Flour River Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1958

APR 27 1958

MAY 22 1958

JUN 7 1957

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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat R w*

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.