

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40620
State File No. 1362

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -- a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 Yrs		e. STREET ADDRESS (If rural, give location) 2607 Seneca St. <i>DW/0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) R.	c. (Last) Growney	4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>Never Married</i>	8. DATE OF BIRTH Apr. 27, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work producing most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Conception, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Philip Growney	13b. MOTHER'S MAIDEN NAME Margaret McCabe	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Margaret McQuinn	ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c)		
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	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 12-16, 1956, to 12-21, 1956, that I last saw the deceased alive on 12-21, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert P. ...</i> (Degree or title)	23b. ADDRESS <i>St. Joseph, Mo.</i>	23c. DATE SIGNED <u>12-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <u>Dec. 26, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columbian</u>	24d. LOCATION (City, town, or county) (State) <u>Conception, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27, 1956</u>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman ...</i> ADDRESS <u>St. Joseph, Mo.</u>
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No..... 3308

P. O. Address St. Joseph, M.....

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.