

Health, Welfare, Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be stated. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41227  
STATE FILE NUMBER  
Registration District No. 132 Primary Registration District No. 5480 Registrar's No. 178

FILED DEC 20 1956

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>TRENTON TWP.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>TRENTON</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>R.F.O. #1</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm <b>R.F.D. #1</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>A.</b> Last <b>GROVES</b>	4. DATE OF DEATH Month <b>DEC</b> Day <b>19</b> Year <b>1956</b>
---	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 14, 1866</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
----------------------	-------------------------------	---	--------------------------------------	---	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaking</b>	11. BIRTHPLACE (City and state or country) <b>MERCER County Mo. U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? <b>Mo. U.S.A.</b>
---	--	---	---

13. FATHER'S NAME <b>Johnathan Ellsworth</b>	14. MOTHER'S MAIDEN NAME <b>JOAN CROW</b>
---	--

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. <b>No</b>	17. INFORMANT <b>MRS. Roy SPENSER</b> Address <b>RAO 1 TRENTON, Mo.</b>
--	--------------------------------------	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma - Bladder</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of Cervix</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____	INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> <b>1 year</b>
---	---

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Trenton Mo</b>	COUNTY <b>Grundy</b>	STATE <b>Mo</b>
---	---	---	-------------------------	--------------------

21. I attended the deceased from **May 26-54** to **Dec 19-56** and last saw <sup>her</sup>/<sub>him</sub> alive on **Dec 19-56**.  
Death occurred at **6** <sup>p</sup> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. A. Duffly M.D.</b> (Degree or title)	22b. ADDRESS <b>Trenton Mo</b>	22c. DATE SIGNED <b>Dec 15-56</b>
--	-----------------------------------	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/15/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hamilton Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Madison Mo</b>
--	------------------------------	--	--

24. FUNERAL DIRECTOR <b>J. Gordon BLACKMORE</b> ADDRESS <b>Trenton Mo</b>	25. DATE RECD. BY LOCAL REG. <b>12-15-56</b>	26. REGISTRAR'S SIGNATURE <b>Jesse Fair</b>
--	---	--

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 *Claude H. Lombard* .....

Licensed Embalmer No. *498*

P. O. Address *Junston*

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.