

FILED JAN 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44469

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 6112		Registrar's No. 5A	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give town or township) NEW HAMBURG		c. LENGTH OF STAY (In this place) 37 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) NEW HAMBURG			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) MARY c. (Last) GROJEAN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 10, 1861		9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) NEW HAMBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENEDICT SCHERER		13b. MOTHER'S MAIDEN NAME ANNA MARY DAHACK		14. NAME OF HUSBAND OR WIFE HENRY JOSEPH GROJEAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMMA BURGER - ORAN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH ?
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)		442X	
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 First call after death, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thelma C. Buckelthorpe, M.D. Health Officer				23b. ADDRESS Benton Mo		23c. DATE SIGNED 12-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-31-1956	24c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE CEMETERY		24d. LOCATION (City, town, or county) (State) NEW HAMBURG, MISSOURI			
DATE REC'D BY LOCAL REG. 12-29-56	REGISTRAR'S SIGNATURE Mrs. Paul Bisplinghoff			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED DEC 31 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-278

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
Student Embalmer

Signed

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.