

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

217

State File No.

| | | | | | | | | | | |
|--|--|---|---|--|--|---|---|--|------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. <u>38</u> | | PRIMARY REG. DIST. NO. <u>3006</u> | | Registrar's No. <u>12</u> | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Boone</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. LENGTH OF STAY (in this place) <u>1 year</u> | | c. CITY OR TOWN <u>Columbia</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 HOSPITAL OR INSTITUTION <u>710 Alton Street</u> | | | | e. STREET ADDRESS (If rural, give location) <u>710 Alton Street</u> | | | | <u>0105</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u> | | | b. (Middle) | | | c. (Last) <u>Grooms</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10 57</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Aug. 12, 1882</u> | | 9. AGE (In years last birthday) <u>74</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Jack Weir</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Easley</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James T. Grooms</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>James T. Grooms</u> | | | | | ADDRESS <u>Columbia, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease - decompensation</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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) | | | | | | | | |
| | | 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? <u>2</u> 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) | | <u>4200</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>Nov</u> , 19 <u>57</u> , to <u>Jan 10</u> , 19 <u>57</u> that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>57</u> , and that death occurred at <u>5:00 A m.</u> , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <u>S. Roy J. Miller MD</u> (Degree or title) | | | | 23b. ADDRESS <u>22 N 8th Columbia</u> | | | | 23c. DATE SIGNED <u>11 Jan 57</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan. 12, 57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>14 miles South Col. Mo</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>Jan 11 1957</u> | | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lerman Sprinkle</u> ADDRESS <u>Columbia, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

31-0

1844 6 1881
1961

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.....
Lynnan M. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia

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.