

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12272

State File No. _____

FILED APR 24 1957

| | | | | | | | |
|---|-------------------------------|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>300</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>10 HRS.</u> | | c. CITY OR TOWN <u>ELSINORE</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>Route 3 Elsimore, Mo. 0180</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | | | b. (Middle) _____ | | c. (Last) <u>GROSSMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27 1957</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>July 9 1881</u> | | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Yugoslavia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>EMMA GROSSMAN</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>498-05-2612</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMA GROSSMAN, Rt. 3, Elsimore</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>331x</u> | | | | | 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>1-26-57</u> , 19 <u>57</u> , to <u>1-27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-27</u> , 1957, and that death occurred at <u>5:00</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. E. H. Hershman, M.D.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | | 23c. DATE SIGNED <u>4-12-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-29-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CARTER Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4/17/57</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Van Buren, Mo</u> | | | |

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

489

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 22 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Allen C. McGovern

Licensed Embalmer No. 4543

P. O. Address Van Buren

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.