

FILED OCT 23 1957

Registration District No. 120

Primary Registration District No. 5446

Registrar's No. 121

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry-Cooper, Mo		c. CITY OR TOWN Stanberry, Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Miles East Of Length of stay in lb 50 Yrs		d. STREET ADDRESS (If outside, give location) East Of Stanberry 3 miles Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stanberry Middle Last Mrs. Lola Blanche Groom		4. DATE OF DEATH Month Oct. Day 12 Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 20, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmwife farm		10b. KIND OF BUSINESS OR INDUSTRY on farm	11. BIRTHPLACE (City and state or country) Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Calvin L. Neil	
13b. MOTHER'S MAIDEN NAME Louisa Jane Smart		14. NAME OF HUSBAND OR WIFE Lacy Groom	
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. 491-42-1009	
17. INFORMANT Mr. Lacy Groom, Darlington, Mo.		Address RR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH year years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	
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.) 4201	
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 Stanberry, Mo		COUNTY STATE	
21. I attended the deceased from 2-12-57 to 10-12-57 and last saw her alive on 10-11-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clark L. Carlin M.D.		22b. ADDRESS Stanberry, Mo	
22c. DATE SIGNED 10-12-57			
23a. BURIAL, CREMATION, REINTERMENT Buried		23b. DATE 10/14 /57	
23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery		23d. LOCATION (City, town, or county) (State) Albany, Mo.	
24. FUNERAL DIRECTOR Phillips Mortuary, Stanberry, Mo.		25. DATE RECD. BY LOCAL REG. Mo. 10-14-57	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

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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

L. J. Phillips

Licensed Embalmer No. *1898*

P. O. Address: *Stonewall*

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.