

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1958

State File No. **45218**

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4375** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Conception Jct	c. LENGTH OF STAY (in this place) 70 yrs	c. CITY OR TOWN Conception Jct., Mo	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 Conception Jct, Mo.		e. STREET ADDRESS (If rural, give location) 0740	

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Stella c. (Last) Gronney			4. DATE OF DEATH (Month) (Day) (Year) Dec 9 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 7 30 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nursing		10b. KIND OF BUSINESS OR INDUSTRY Nurse	11. BIRTHPLACE (City and State or Foreign Country) Conception Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Gronney	13b. MOTHER'S MAIDEN NAME Mary Farnan	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Kate Maher, Conception Jct., Mo	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH gradual 2 yrs. 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascending paralysis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple sclerosis DUE TO (c) Anemia, Cataplexia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia & Cataplexia			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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 **April 19, 1957**, to **Dec 9, 1957**, that I last saw the deceased alive on **Dec 6, 1957**, and that death occurred at **8:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mahoney M.D.	23b. ADDRESS Marionville, Mo.	23c. DATE SIGNED 12/31/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/11/1957	24c. NAME OF CEMETERY OR CREMATORY St Columba Cemetery	24d. LOCATION (City, town, or county) (State) Conception, Mo
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DATE REC'D BY LOCAL REG. 1-4-58	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Johnson	ADDRESS Marionville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2290

JAN 7 1958

JAN 8 0 1962

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 *G. M. Atchison*

Licensed Embalmer No..... 2279
P. O. Address *Maryville*

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.