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FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

841

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gasconade</u>		c. CITY OR TOWN <u>Rural (Bland)</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. Owensville</u>		d. STREET ADDRESS (If outside, give location) <u>Clay Township</u>	
3. NAME OF DECEASED (Type or print) First <u>Polly</u> Middle <u>M</u> Last <u>Groff</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 11-1878</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		11. BIRTHPLACE (City and state or country) <u>Osage County - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
9a. FATHER'S NAME <u>James Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Moss</u>	9. AGE (In years and birthday) <u>79</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Ollie Groff - Bland - Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARDIAC ANNOXIA</u>			<u>20 min</u>
DUE TO (c) <u>CORONARY OCCLUSION</u>			<u>4201 2 YRS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age & Coronary Arterial Calcification</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
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 COUNTY STATE	
21. I attended the deceased from <u>12-28-56</u> to <u>1-8-58</u> and last saw her alive on <u>12-30-57</u> . Death occurred at <u>7:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm. Fredrick Do.</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Bland, Mo</u>	
22c. DATE SIGNED <u>1/10/58</u>			
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>		23b. DATE <u>1-11-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>OSAGE County - Mo</u>	
24. FUNERAL DIRECTOR <u>Chas. J. Davis</u> ADDRESS <u>Blaine - Mo</u>		25. DATE RECD. BY LOCAL REG. <u>January 11, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Marvian Jappney</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 22 1958

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 *Cherita Lassman*

Licensed Embalmer No. *4178*
P. O. Address *Blanc - A*

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.