

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-011035
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 25

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1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green		c. CITY OR TOWN Bowling Green	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 2		d. STREET ADDRESS (If outside, give location) RFD # 2	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b Lifetime		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH FRANCES GROTE			4. DATE OF DEATH Month Day Year March 25 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days 4 18	IF UNDER 24 HRS. Hours Min. 0 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Rhineland, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Lambert Niehaus	13b. MOTHER'S MAIDEN NAME Catherine Van Boven	14. NAME OF HUSBAND OR WIFE Theodore Grote
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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. 492 42 7225	17. INFORMANT Ansel Grote, Bowling Green, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Insufficiency</i> <i>Myocarditis</i> <i>Pulmonary tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>yes.</i> <i>10 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>002X</i>		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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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
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21. I attended the deceased from 1952 to 3/25/58 and last saw her alive on 3/25/58
Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. Matthews W.O.</i>	22b. ADDRESS <i>Bowling Green Mo</i>	22c. DATE SIGNED <i>3-26-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 27, 58	23c. NAME OF CEMETERY OR CREMATORY St. Clement	23d. LOCATION (City, town, or county) (State) St. Clements Mo.
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24. FUNERAL DIRECTOR <i>J. O. Mudd</i>	ADDRESS Bowling Green, Mo.	25. DATE RECD. BY LOCAL REG. <i>3/28/58</i>	26. REGISTRAR'S SIGNATURE <i>Bill Robinson</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green*

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.