

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014031  
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 142

Primary Registration District No. 1376

Registrar's No. 20

300  
-57

+60

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>St. Anne's</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Baldscherry T.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MTR-VIEW</u> <u>1012</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis - Hospital</u> Length of stay in lb <u>1 Day</u>		d. STREET ADDRESS (If outside, give location) <u>R. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE-RAYMOND-GROVE</u>			4. DATE OF DEATH Month Day Year <u>4-22-58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5-13-1886</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done last of working life, even if retired) <u>Plasterer</u>	11. BIRTHPLACE (City and state or country) <u>9</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry Grove</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Stanley</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>265-28-3129</u>		17. INFORMANT Address <u>Paul Grove, E. St. Louis, Ill</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>Occlusion Coronary - Myocardial infarct</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year		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>4-22-58</u> to <u>4-22-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>4/22-58</u> Death occurred at <u>11:30</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>MB Perkins MD</u> (Degree or title)		22b. ADDRESS <u>Wallow Springs MD.</u>	
22c. DATE SIGNED <u>4/29/58</u>		23a. BURIAL, CREMATION, <u>burial</u>	
23b. DATE <u>4/24/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	
23d. LOCATION (City, town, or county) <u>Calumet Indiana</u>		24. FUNERAL DIRECTOR <u>Hathaway - F. H. Colander Ind</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>4-29-58</u>		26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	

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 *Richard A. Norton* .....

Licensed Embalmer No. *5059* .....

P. O. Address *Wm. Brew MO* .....

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.