

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032171  
STATE FILE NUMBER

SEP 22 1958 (Registration District No. 82 Primary Registration District No. 5318 Registrar's No. 112)

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon TWP.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Otterville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 Miles N.W. Syracuse</b>		Length of stay in 1b <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>5 Miles N.W. Syracuse</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>David</b> Middle <b>Charles</b> Last <b>Grove</b> <del>Charles</del> <del>David</del> <del>Groves</del>			4. DATE OF DEATH <b>September, 17, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 26, 1865</b>		9. AGE (In years last birthday) <b>93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm (retired)</b>	11. BIRTHPLACE (City and state or country) <b>Cooper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>David F. Groves</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Susan Varner</b>		14. NAME OF HUSBAND OR WIFE <b>Viola B. Groves</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Viola B. Groves. Otterville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Left Foot</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis - Senile, Generalized</b>			
		DUE TO (c) <b>4501</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) <b>ITEM 3 CORRECTED</b>		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			BY AFFIDAVIT OF <b>Funeral Director</b> <b>1-9-59 DCL</b>		
20d. INJURY OCCURRED WHILE AT <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 <b>7-7-58</b> to <b>9-18-58</b> and last saw <sup>him</sup> alive on <b>7-16-58</b> Death occurred at <b>10:30 P.</b> in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. P. Richards</b>			22b. ADDRESS <b>Tipton, Mo</b>		22c. DATE SIGNED <b>9-18-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 20, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethelham Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cooper, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Jewell E. Richards - TIPTON, MO</b>			25. DATE RECD. BY LOCAL REG. <b>9/19/58</b>		26. REGISTRAR'S SIGNATURE <b>W. Hooper</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

JAN 7 1959

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, ~~only~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed James E. Richards.....

Licensed Embalmer No. 2466.....  
P. O. Address Sipton, 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.