

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035234

STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TANEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANSON		c. CITY OR TOWN BRANSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home BRANSON		d. STREET ADDRESS (If outside, give location) BRANSON	

3. NAME OF DECEASED (Type or print) First Middle Last John Iler Groves			4. DATE OF DEATH Month Day Year Sept. 25, 1958		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1884		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY House Builder		11. BIRTHPLACE (City and state or country) Missouri	

13a. FATHER'S NAME Jacob Groves		13b. MOTHER'S MAIDEN NAME ELIZA SYRESS		14. NAME OF HUSBAND OR WIFE ELLA GROVES	
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. NO		17. INFORMANT Address Mrs Ella Groves Branson	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 12
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown			
DUE TO (c) 4201			
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

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 9-25-58 to 9-27-58 and last saw him dead 9-27-58 Death occurred at 7:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Person or title) Heleu Campbell, Recd Registrar, Branson, Mo.			22b. ADDRESS		22c. DATE SIGNED 9-27-58
23b. DATE 9-28-58		23c. NAME OF CEMETERY OR CREMATORY BRANSON CEMETERY		23d. LOCATION (City, town, or county) (State) BRANSON, MO	

24. FUNERAL DIRECTOR Whetzel Funeral Chapel		ADDRESS Branson		25. DATE RECD. BY LOCAL REG. 9-27-58	
26. REGISTRAR'S SIGNATURE Heleu Campbell					

(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. No symptoms with certified.

OCT 9 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 *Walter S. Cook*

Licensed Embalmer No. *4731*

P. O. Address *Longview, TN*

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.