

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036175

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No.

137

Primary Registration District No.

4915-5-5-14

Registrar's No.

925

|   |                              |   |   |  |   |
|---|------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                              |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>HENRY</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Brownington</u>   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Brownington</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Residence</u>   |                              | Length of stay in lb  | d. STREET ADDRESS<br><u>042</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>BURTON Francis Grogan</u>  |                              |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Nov-5-1958</u>   |  |   |
| 5. SEX<br><u>M</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Apr-14-1885</u>  |  | 9. AGE (In years last birthday) Months Days Hours Min.<br><u>73</u>                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Electrical Engineer</u>   |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>—</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Higginsville, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>F.M. Grogan</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Ann Leahy</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Sylvia D. Grogan</u>           |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                              | 16. SOCIAL SECURITY NO.<br><u>486-366591</u>  |   | 17. INFORMANT<br>Address<br><u>Sylvia D. Grogan, Brownington</u> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hemorrhage from Enlarged Veins</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Carcinoma of rectum &amp; colon</u><br>DUE TO (c) <u>Carcinoma of rectum &amp; colon</u><br>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<br><u>30 mos.</u><br><u>5 mos.</u><br><u>6 mos.</u>  |
| 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.)<br><u>—</u>                            |  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br><u>—</u>   |                              |   | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>—</u>                                |  |   |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              |   | 20f. CITY, TOWN, OR LOCATION<br><u>—</u>  |  |   |
| 20g. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              |   | 20h. COUNTY<br><u>—</u>   |  |   |
| 20i. STATE<br><u>—</u>  |                              |   | 20j. DATE SIGNED<br><u>11-6-58</u>  |  |   |
| 21. I attended the deceased from <u>5-22-58</u> to <u>11-5-58</u> and last saw him alive on <u>Nov 5, 1958</u><br>— Death occurred at <u>1:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                              |   | 22a. SIGNATURE (Degree or title)<br><u>W. Bradshaw, M.D.</u>  |  |   |
| 22b. ADDRESS<br><u>Clinton, Mo.</u>   |                              |   | 22c. DATE SIGNED<br><u>11-6-58</u>  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial Nov-9-1958</u>   |                              | 23b. DATE<br><u>Nov-9-1958</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Higginsville Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Higginsville, Mo.</u>             |
| 24. FUNERAL DIRECTOR<br><u>Melvin L. Janssens, Deepwater</u>  |                              | 25. DATE RECD. BY LOCAL REG.<br><u>11-10-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Melvin L. Janssens</u>  |  |   |

(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.

NOV 27 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

*Melvin L. Jansson*

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.