

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040773

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. ~~211~~ 211 Primary Registration District No. 4324 Registrar's No. 36-58

0
5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. CITY OR TOWN Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Elizabeth		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Elizabeth
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage Twp.		Length of stay in lb	0660 STREET ADDRESS (If outside, give location) 0
3. NAME OF DECEASED (Type or print) First Middle Last Henry Marshall Grosvenor			4. DATE OF DEATH Month Day Year 11/16/58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/3/1878
9. AGE (In years at birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miller Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Grosvenor	
13b. MOTHER'S MAIDEN NAME Mary Hawk		14. NAME OF HUSBAND OR WIFE Linnet Grosvenor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-28-8913	17. INFORMANT Willie Grosvenor Address St. Elizabeth, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			Yes.
DUE TO (c)			
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 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 331 X	COUNTY STATE
21. I attended the deceased from 1948 to 11/16/58 and last saw him alive on 11/15/58 . Death occurred at 5:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.M.A. Gould D.O.		22b. ADDRESS 2	22c. DATE SIGNED 11/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/19/1958	23c. NAME OF CEMETERY OR CREMATORY Southside	23d. LOCATION (City, town, or county) (State) Meta, Mo
24. FUNERAL DIRECTOR Hodges		25. DATE RECD. BY LOCAL REG. 12/3/58	26. REGISTRAR'S SIGNATURE Thomas C. Dutton

DEC 3 1958

Miller County
Health Department

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 O. Hedg*

Licensed Embalmer No. *4265*

P. O. Address *.....*

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.