

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044899*

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 421

S. 300
1-57

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.

Stem 7 added by Funeral Director
USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE
2-9-58 DEF

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal 0648 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b D O A	d. STREET ADDRESS (If outside, give location) Windsor Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle ORVILLE Last GROVES			4. DATE OF DEATH Month December Day 12 Year 1958
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 January 22, 1887
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Month 10 Days 20	IF UNDER 24 HRS. Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lorraine Illinois
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Joseph Groves	
13b. MOTHER'S MAIDEN NAME Elizabeth Witt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-09-4882	17. INFORMANT Jos. K. Groves 5947 N. Ozark Address: Chicago Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asthma - (Cardiac) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ch. Myocarditis DUE TO (c) -			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
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.) X-	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 12 to Dec 12 and last saw him alive on Dec 12 1958 Death occurred at 2:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Ardesty MD		22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 12-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/13/58	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery
23d. LOCATION (City, town, or county) Vandalia Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 12-16-1958	26. REGISTRAR'S SIGNATURE Dr. E. M. Luckey, H. C. Fisher

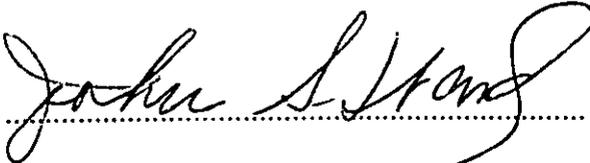
RECEIVED DEC 22 1958
MARION CO. HEALTH DEPT.
DATE FILED DEC 22 1958

APR 13 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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missouri

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.