Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000466
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fulton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #1 — Length of stay in 1b 28 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St louis
c. CITY OR TOWN Eureka 4000 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Grover Middle Last Null

4. DATE OF DEATH Month Jan. Day 18 Year 1959

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH ~~unknown~~ 2/27/93
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~xxxxxxxx~~ Baker
10b. KIND OF BUSINESS OR INDUSTRY State Hosp, Fulton
11. BIRTHPLACE (City and state or country) House Springs, Mo. 6 ~~xxxxxxxx~~
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ~~xxxxxxxx~~ Curtis Null
13b. MOTHER'S MAIDEN NAME ~~xxxxxxxx~~ Hannah Fletcher
14. NAME OF HUSBAND OR WIFE ~~unknown~~ Lillian Null

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address State Hospital Records, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarct, healed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~Chronic Myocarditis~~ Coronary Arteriosclerosis c̄ acute thrombosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov 10 1959 to Jan. 18 1959 and last saw ~~her~~ him alive on Jan 18 1959
Death occurred at Jan 18 1959 1:25 P.M. in on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS State Hospital, Fulton, Mo.
22c. DATE SIGNED 1/18/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 21 59
23c. NAME OF CEMETERY OR CREMATORY Kidd Cemetery
23d. LOCATION (City, town, or county) (State) Eureka Mo.

24. FUNERAL DIRECTOR Louis H. Bogg Inc. ADDRESS Kirkwood Mo.
25. DATE RECD. BY LOCAL REG. Jan-18-1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

JAN 27 1959

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 Francis J. Hyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richmond, Me

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.