Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008983
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 696

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Moselle — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Moselle — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First August Middle Last Groger

4. DATE OF DEATH Month March Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 7, 1865
9. AGE (In years last birthday) 94 — 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) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Bland, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Groger
13b. MOTHER'S MAIDEN NAME Mary Bumbach
14. NAME OF HUSBAND OR WIFE never married

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 John Groger Address Moselle, 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) Hanging — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deliberately hung himself
20c. TIME OF INJURY Hour 1:00 p.m. Month, Day, Year 3/14/59 Sat. Afternoon
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.) Farm of John Groger
20f. CITY, TOWN, OR LOCATION Moselle COUNTY Franklin STATE Mo

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) Coroner
22b. ADDRESS Union Mo
22c. DATE SIGNED 3/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Pacific City Cemetery
23d. LOCATION (City, town, or county) Pacific, Mo. (State)

24. FUNERAL DIRECTOR Casey-Lenox ADDRESS St. Clair, Mo.
25. DATE RECD. BY LOCAL REG. 3-17-59
26. REGISTRAR'S SIGNATURE Charley Smith

(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

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by K.M. LENOX, JR., Student Embalmer No. 575 working under my personal supervision.

Student K.M. Lenox, Jr.
Signature of Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Louis, Mo

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.