

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016587

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No.

374

Primary Registration District No.

Registrar's No.

16

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Denver, MO</b>		c. CITY OR TOWN <b>Denver, MO</b> 1130	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>40 Yrs</b>	
3. NAME OF DECEASED (Type or print) <b>NANCY ARMINTA GROCE</b>		4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 25, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Denver, MO</b>	
13a. FATHER'S NAME <b>William Constant</b>		14. NAME OF HUSBAND OR WIFE <b>Elmer Groce</b>	
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. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocarditis</b> DUE TO (b) <b>Senility &amp; Diabetes</b> DUE TO (c) <b>Not known</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>72 Hrs.</b> <b>Not known</b>	
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <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 COUNTY <b>Worth</b> STATE <b>MO</b>	
21. I attended the deceased from <b>13 Feb 59</b> , to <b>25 April 59</b> and last saw her alive on <b>25 April 59</b> Death occurred at <b>3:00</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>D. O. Merrill</b> (Degree or title) <b>D.O. 2</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr 27, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Kent Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Denver MO</b>	
24. FUNERAL DIRECTOR <b>Hermit Bruce</b> ADDRESS <b>Denver MO</b>		25. DATE RECD. BY LOCAL REG. <b>May 7-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Bowley Kobe</b>		22c. DATE SIGNED <b>28 April 59</b>	

(Licensed Embolmer'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.

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 John Andrew, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrew

Licensed Embalmer No. 4214

P. O. Address Grant City, 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.