URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59–039554

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. [redacted] 256 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Length of stay in 1b: 18 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CRAWFORD
c. CITY OR TOWN SULLIVAN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 462 TAYLOR (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First IRENE Middle VIRGINIA Last GROSHONG
4. DATE OF DEATH: Month NOV. Day 21 Year 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: JULY 31, 1902
9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOL
11. BIRTHPLACE (City and state or country): JACKSON, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOSEPH W. WILLIAMS
13b. MOTHER'S MAIDEN NAME: MARY PACE
14. NAME OF HUSBAND OR WIFE: DIVORCED
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.: —
17. INFORMANT: HELEN CROWE Address: SULLIVAN, 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 DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — 1 YEAR
DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
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 AUGUST 1959 to NOV 1959 and last saw her alive on NOV 20-1959
Death occurred at 3:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert McCrawford (Degree or title) M.D.
22b. ADDRESS Sullivan, Missouri
22c. DATE SIGNED Nov 21-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV. 23, 1959
23c. NAME OF CEMETERY OR CREMATORY: OLD JACKSON CEM.
23d. LOCATION (City, town, or county) (State): JACKSON, MO.
24. FUNERAL DIRECTOR: CRACRAFT-MILLER FUNERAL HOME ADDRESS: JACKSON, MO.
25. DATE RECD. BY LOCAL REG.: 11/21/59
26. REGISTRAR'S SIGNATURE: H. Hudmann by H. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas H. Eaton

Signature of Student Embalmer

Licensed Embalmer No. 5066

P. O. Address Sullivan, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.