

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 2 4 3

FILED VS. DEC 28 1959 10

Primary Registration District No. 3002 Registrar's No. 248

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Audrain				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Years		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1124 Latney		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Belle Groves				4. DATE OF DEATH Month Day Year December 19, 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-30-74	9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sollie W. Bryson			13b. MOTHER'S MAIDEN NAME Lucy Belle			14. NAME OF HUSBAND OR WIFE Marion Groves (Deceased) Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Virgil Groves Kansas City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resuscitated by renal aneurysm							INTERVAL BETWEEN ONSET AND DEATH 20 hours	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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		STATE
21. I attended the deceased from December 18 1959 to Dec 19, 1959 and last saw her Dec 19 1959 alive on Dec 19 1959				Death occurred at 4:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE O. Garcia MD (Degree or title)				22b. ADDRESS Mexico Mo			22c. DATE SIGNED 12/24/59 (State)	
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-21-1959	23c. NAME OF CEMETERY OR CREMATORY Applemans Chapel Cem.		23d. LOCATION (City, town, or county) Audrain County Missouri			
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Dec 21-1959		26. REGISTRAR'S SIGNATURE Blanche Neely		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Ray Miller*

Licensed Embalmer No. 449

P. O. Address _____

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.