

REGISTRATION DISTRICT NO. 94 Primary Registration District No. 3056 Registrar's No. 272

FILED VS. DEC 17 1959 94

59 0 45 0 7 8  
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CHARITON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>MOBERLY Missouri</b>		Length of stay in 1b		c. CITY OR TOWN <b>DALTON MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>SOUTHWEST 2 MI</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>HOBART OSCAR GROTTAN</b>				4. DATE OF DEATH Month Day Year <b>12 - 3 - 1959</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-23-1898</b>	
9. AGE (last birthday) <b>61</b>		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) <b>FARMER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>DALTON MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>OSCAR GROTTAN</b>			13b. MOTHER'S MAIDEN NAME <b>MINNIE MUNSON</b>			14. NAME OF HUSBAND OR WIFE <b>EDITH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs Edith Grottan Dalton Mo.</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>Intra cranial injury</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
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) <b>Multiple fractures Arm + forearm left,</b>						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 checked="" 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.) <b>Struck by tree while beam swinging</b>			
20c. TIME OF INJURY Hour a.m. <b>7:00</b> Month, Day, Year <b>Dec 3 59</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <b>Highway bridge</b>					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Near Keytesville</b>		COUNTY <b>Chariton</b>		STATE <b>Mo</b>	
21. I attended the deceased from <b>3 Dec 59</b> to <b>13 Dec 59</b> and last saw him alive on <b>3 Dec 59</b> . Death occurred at <b>10:00</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>A. Howard Esq. Mo</b>				22b. ADDRESS <b>Missouri Mo.</b>		22c. DATE SIGNED <b>8 Dec 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-6-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dalton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dalton Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>L. E. McClary Brunswick, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>12-6-59</b>		26. REGISTRAR'S SIGNATURE <b>Seaborn</b>	

BY AFFIDAVIT OF attending Physician MEDICAL CERTIFICATION DOCUMENT

MS DEC 13 1959

MS DEC 18 1959

**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 L. E. McCurry

Licensed Embalmer No. H806

P. O. Address Brunswick, Ga.

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.