SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-007332
STATE FILE NUMBER

AMENDED

Dr. Aubin

Registration District No. 0352 Primary Registration District No. 4507 Registrar's No. 10

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Taney
c. CITY OR TOWN Branson
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 105 Roark Drive
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Montgomery Middle Last Groves
4. DATE OF DEATH Month Feb. Day 8 Year 1961
5. SEX Male
6. COLOR OR RACE white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/25/87
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months 1 Days 13
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) contractor
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Lemon Groves
13b. MOTHER'S MAIDEN NAME Amanda Montgomery
14. NAME OF HUSBAND OR WIFE Della Groves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Dorothy Childress Branson, Mo Address

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) Massive Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH unknown
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. ☐ 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 1960 to Feb 1961 and last saw ~~her~~ him alive on Feb 3-61
Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Aubin (Degree or title) MD
22b. ADDRESS Branson Mo
22c. DATE SIGNED 2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/12/61
23c. NAME OF CEMETERY OR CREMATORY Ozark Mem.
23d. LOCATION (City, town, or county) (State) Branson, Mo

24. FUNERAL DIRECTOR ADDRESS Whelchel Chapel. Branson, Mo
25. DATE RECD. BY LOCAL REG. 2-14-61
26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

FEB 23 1961

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Branson, M

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.