

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002459

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 9 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in 1b 1 hr. c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede c. CITY OR TOWN Lebanon Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Rural Rt. #3 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Mabel Edith Grose 4. DATE OF DEATH Month Day Year Jan. 5, 1962 5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-24-87 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Jefferson, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME John Tyler 13b. MOTHER'S MAIDEN NAME Elizabeth Young 14. NAME OF HUSBAND OR WIFE C.J. Grose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none 16. SOCIAL SECURITY NO. none 17. INFORMANT Address C.J. Grose, Rt. 3, Lebanon, 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) Acute myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 2 hrs years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had a stroke about one year ago - invalid since 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 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 1-5-62 to 1-5-62 and last saw her alive on 1-5-62 Death occurred at 7:30pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst, M.D. 22b. ADDRESS Lebanon, Mo. 22c. DATE SIGNED 1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1-8-62 23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery 23d. LOCATION (City, town, or county) Lebanon, Laclede Co. Mo (State)

24. FUNERAL DIRECTOR J. J. Shadel ADDRESS Lebanon, Mo. 25. DATE RECD. BY LOCAL REG. 1-10-1962 26. REGISTRAR'S SIGNATURE Della L. Day

AMENDED DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF SHOULD READ ITEM NO.

