

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013882

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 21 1962

VS 300
Rev. 4/59

1	1085
2	1080
3	2
4	0
5	1
6	
7	1
8	2
9	331X
10	
11	
12	90-0
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF.

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Horton	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 830 W. Hunter		d. STREET ADDRESS (If outside, give location) General Delivery	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle A. Last GROVE			4. DATE OF DEATH Month February Day 27 Year 1962
5. SEX M	6. COLOR OR RACE wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-4-1882
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri Pacific R. R.		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Monticello, Illinois
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Robert Grove	
13b. MOTHER'S MAIDEN NAME Mary Coons		14. NAME OF HUSBAND OR WIFE Rosa Grove	
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.	
17. INFORMANT Mrs. Joe Perry, Horton, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage due to old cerebral sclerosis.			INTERVAL BETWEEN ONSET AND DEATH 1 day
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) Prostatitis with uremia			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"/> none	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none	
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 Nevada	COUNTY Vernon	STATE Mo.
21. I attended the deceased from about 1959 or 1960 to Feb 27-1962 and last saw him alive on Feb 25-1962 . Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Love MD (Degree or title)		22b. ADDRESS Nevada Mo	22c. DATE SIGNED 3-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE March 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery	23d. LOCATION (City, town, or county) (State) Horton, Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 3-16-1962	26. REGISTRAR'S SIGNATURE Anna E. Perry	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1962

MAR 29 1962

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 _____
Signature of Student Embalmer

Signed L. Douglas Perry

Licensed Embalmer No. 4960

P. O. Address Neunda, Missouri

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.