MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049354

STATE FILE NUMBER

FILED JAN 8 1963

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 67

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1090
2 1090 2
3
4 1
5 2
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7 0
8 2
9 578X
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12 86.0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrenton — Length of stay in 1b: 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Katie Jane Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Warren
c. CITY OR TOWN: Warrenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Cecelia — Middle — Last Grohmann

4. DATE OF DEATH: Month Dec. Day 17, Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-20-1882
9. AGE (last birthday): 80 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Gasconade Co.,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Michael Splitt
13b. MOTHER'S MAIDEN NAME: Barbara Staneska
14. NAME OF HUSBAND OR WIFE: Geo. Grohmann, dec'd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Michael Splitt, Address: Warrenton, Mo.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Gastro-intestinal hemorrhage, cause undetermined

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ~~Arteriosclerotic Heart Disease~~ — unknown

DUE TO (c) Senile Dementia — "

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 Dec. 30, 1959, to Dec. 17, 1962 and last saw her/him alive on Dec. 14, 1962
Death occurred at 1:35 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold D. Hoelscher M.D.
22b. ADDRESS: Warrenton, Missouri
22c. DATE SIGNED: 12-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-19-62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: F.W. Nieburg & Co. — ADDRESS: Warrenton Mo.
25. DATE RECD. BY LOCAL REG.: 12-22-62
26. REGISTRAR'S SIGNATURE: Lloyd Logan

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1963

JAN 28 1963

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 John J. Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, MO.

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.