

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8197

0422

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		<u>0422</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 S. Water St</u>				d. STREET ADDRESS (If rural, give location) <u>110 S. Water St</u>					
3. NAME OF DECEASED a. (First) <u>EMMETT</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>GROGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1951</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>May 5, 1878</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor, Public Works</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Grogan</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Condon</u>		13c. NAME OF HUSBAND OR WIFE <u>Maggie Harvey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Will Grogan</u> ADDRESS <u>901 S. Wood</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary emboli</u> ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						18b. INTERVAL BETWEEN ONSET AND DEATH <u>3/8/51</u> <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY; TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>3/8, 1951</u> , to <u>3/12, 1951</u> , that I last saw the deceased alive on <u>3/8</u> , 1951, and that death occurred at <u>6:30pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. J. Powell M.D.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>3/12/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Windsor</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>				
DATE REC'D BY LOCAL REG <u>Mar-13-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>422 Hickman & Dunning</u>		ADDRESS _____			

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-19-51 _____

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 _____
Student Embalmer

Signed *Robert L. Manning* _____

Licensed Embalmer No. *4810* _____

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.