MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

0022901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 17-[illegible] STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 6 1964

VS 300
Rev. 4/59

1 0421
2 0425
3 2
4 1
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12 20-0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. **PLACE OF DEATH**
   a. COUNTY: Henry
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Windsor — Length of stay in 1b: 4 days
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Conv Home — Inside Limits: Yes ☒ No ☐

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri — b. COUNTY: Henry
   c. CITY OR TOWN: Clinton — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 821 East Franklin — Reside on Farm: Yes ☐ No ☑

3. **NAME OF DECEASED** (Type or print): First: Clara — Middle: Martha Ann — Last: Grossheider

4. **DATE OF DEATH**: Month: June — Day: 23 — Year: 1964

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-8-1885

9. AGE (last birthday): 79
   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): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Leesville Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Frank W Grossheider

13b. MOTHER'S MAIDEN NAME: Nancy Hillbrand

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: Carl Grossheider Address: Clinton Mo

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Uremia	2 days
DUE TO (c)	Urinary Tract Infection	3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (d): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 June 20, 1964 to June 23, 1964 and last saw her/him alive on June 22 1964
Death occurred at [illegible] m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William Smith DR — 22b. ADDRESS Windsor, Mo — 22c. DATE SIGNED 6/26/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 6-26-64 — 23c. NAME OF CEMETERY OR CREMATORY: Parks Chapel — 23d. LOCATION (City, town, or county) (State): Henry Co Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman & Dunning Clinton Mo

25. DATE RECD. BY LOCAL REG.: June 29, 1964

26. REGISTRAR'S SIGNATURE: Mildred Rigsm

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Dunning

Licensed Embalmer No. 4710

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.