

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14679**

FILED APR 29 1949

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>4542</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>					
b. CITY OR TOWN <u>Rogersville, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ROGERSVILLE</u>		11 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>LAURA C. C</u>			a. (First)		b. (Middle)		c. (Last) <u>GROSS</u>		
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>2</u>		(Year) <u>1949</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 2 1874</u>			
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>RICHARD KENSINGER</u>			13b. MOTHER'S MAIDEN NAME <u>JANE BURKS</u>			14. NAME OF HUSBAND OR WIFE <u>DAVE GROSS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. MURRAY, R. Box 742, Stickton</u>		ADDRESS _____			
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>Acute Myocardial Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-sclerosis - Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>4521</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) _____ (m.) _____		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>Sept. 15, 1948</u> , to <u>April 2, 1949</u> , that I last saw the deceased alive on <u>March 27, 1949</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. S. Schultz, M.D.</u>				23b. ADDRESS <u>2 Fordland, Mo.</u>		23c. DATE SIGNED <u>4/8/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) _____ (State) _____			
DATE REC'D BY LOCAL REG. <u>4-8-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____			

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

RECEIVED  
District Health Officer No. 6.  
District File Number 449-484  
Date Filed 4-28-49

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.

Signed H. K. Kelley

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3394

P. O. Address Fardland

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.