

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19002**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>	
c. LENGTH OF STAY (in this place) <b>3 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>603 Fourth St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b>	b. (Middle) <b>Hudson</b>	c. (Last) <b>Gross</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 8<sup>th</sup> 1973</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>W/ H. Hudson</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Abbott</b>	14. NAME OF HUSBAND OR WIFE <b>Chas. Gross</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Louise Sebastain Santa Fe New Mexi</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH CO
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		<b>1 1/2 hrs.</b>
	ANTECEDENT CAUSES - <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>coronary thrombosis</b> DUE TO (c) <b>Hypertensive cardiovascular disease</b>		<b>1 1/2 hrs.</b> <b>dis? 2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>442 Y</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Boonville Cooper Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **on 6-16-49 only**, 19**49**, that I last saw the deceased alive on **6-16**, 19**49**, and that death occurred at **12:40 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. A. Schuman M.D.</b>	23b. ADDRESS <b>Boonville, Missouri</b>	23c. DATE SIGNED <b>6-20-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jun 20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jun 20-49</b>	REGISTRAR'S SIGNATURE <b>D. Cooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

27  
1  
2

RECEIVED JUN 28  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-28-49

**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 William W. Wood

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

Licensed Embalmer No. 4539

P. O. Address Boonville 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.