S. No. 300
Rev. 10.48

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

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41694

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5739 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Cross
c. LENGTH OF STAY (In this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓ None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Cross Mo (Rural)
d. STREET ADDRESS (If rural, give location): Richland Township

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Henry
c. (Last): Gross

4. DATE OF DEATH (Month) (Day) (Year): 12 9 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 13 1890
9. AGE (In years last birthday): 59 — If under 1 year: Months 7, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Macon Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Chas Gross
13b. MOTHER'S MAIDEN NAME: Rosa Bell Gross
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1st World War
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Viola Newton — **ADDRESS**: Atlanta Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — unk.
DUE TO (c) — 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular-accident — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 11, 1949, *to* December 9 1949 *that I last saw the deceased alive on* Dec. 9, 1949, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Robert Knapp M.D.
23b. ADDRESS: La Plata, Mo.
23c. DATE SIGNED: 12/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-1949
24c. NAME OF CEMETERY OR CREMATORY: Hofwell
24d. LOCATION (City, town, or county) (State): Independence Township Mo

DATE REC'D BY LOCAL REG.: 12-11-49
REGISTRAR'S SIGNATURE: Mrs D B Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: H. M. Goodding Atlanta Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

RECEIVED 12/24/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 150/68
Date Filed 1/5/50

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 H. M. Goodding
Licensed Embalmer No. 1758
P. O. Address Atlanta 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.