

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13903

State File No.

BIRTH, NO.		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>4357</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>New Madrid</u>					
b. CITY OR TOWN <u>Marston</u>		c. LENGTH OF STAY (In this place) <u>45 yrs</u>		c. CITY OR TOWN <u>Marston</u>		0730			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u>			b. (Middle)		c. (Last) <u>Gross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 15, 1875</u>		9. AGE (In years) (last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Covington, Tenn.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Gross</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Moore</u>			14. NAME OF HUSBAND OR WIFE			
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>Florence Stine</u>			ADDRESS <u>Marston, MO</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>Burned to death in own home, caused by explosion of oil stove</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>home, caused by explosion of oil stove</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>11</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>072</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>New Madrid</u>		(COUNTY) <u>New Madrid</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>4-8-1950 4:45 p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Explosion of oil stove</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. Louis August M. J. 3</u>				23b. ADDRESS <u>New Madrid, MO</u>		23c. DATE SIGNED <u>4-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid MO.</u>			
DATE REC'D BY LOCAL REG. <u>April 22 1950</u>		REGISTRAR'S SIGNATURE <u>H. L. Pond</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy Richard Walker Co. New Madrid</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 3
District Health Office
District File Number 450
Date Filed

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 Donald K. Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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