

No. 300
10-48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27760

1804

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

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3022 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>2 Wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	<u>0894</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>322 E. 5th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>GROSS</u> c. (Last) <u>GROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1950</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>Dec. 2, 1863</u>
9. AGE (In years last birthday) <u>86</u> <u>8</u> MONTHS <u>8</u> DAYS <u>22</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Sengelaub</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Zapp</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred A. Gross 322 E. 5</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis, Asthma.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and Arterio-Sclerosis</u>			<u>15 yrs.</u>
DUE TO (c) <u>Fractured Left Hip.</u>			<u>4 1/2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>August 8th 1950</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) <u>Fell in her</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>bed room the morning</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>of August 8th, 1950.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>About 8A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Don't know.</u>	
22. I hereby certify that I attended the deceased from <u>over 10 years</u> , to <u>August 24, 1950</u> , that I last saw the deceased alive on <u>Aug. 24th, 1950</u> , and that death occurred at <u>10P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>8-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-28-50</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. Laughlin Bros. 519 S. Ohio</u>	

JAN 29 1951

RECEIVED 8/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8/28/50

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 *K.P.M. Cary*

Licensed Embalmer No. 3153

P. O. Address *Sedalia, 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.