

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40540

State File No.

BIRTH NO. 80219-50 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 61

0490
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY <u>Iron</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Isabel</u> c. (Last) <u>Gross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1950</u>		
--	--	--	---	--	--

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 5 1950</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR <u>0</u> Months <u>0</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>16</u> Min.
-------------------	-------------------------------	--	-------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ironton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	-----------------------------------	---	--	---

13a. FATHER'S NAME <u>Thomas Ellsworth Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Madeline Sehnert</u>		14. NAME OF HUSBAND OR WIFE <u>#</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Gross, Arcadia 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</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>16 hours</u>
--	---	--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 Dec. 5, 1950, to Dec. 6, 1950, that I last saw the deceased alive on Dec. 5, 1950, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben W. Bull M.D.</u>		23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>Dec. 8, 1950</u>	
--	--	----------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		
---	--------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. <u>Dec 11 1950</u>	REGISTRAR'S SIGNATURE <u>Thos. A. Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>		
---	--	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 6

No.

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 *Arnold J. White*

Licensed Embalmer No. *3012*

P. O. Address *Gretna, 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.