

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4138

0210  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Brunswick		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Brunswick	
c. LENGTH OF STAY (In this place) 49 YEAR		d. STREET ADDRESS (If rural, give location) NORTH OF BRUNSWICK MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTH OF BRUNSWICK MO.			

3. NAME OF DECEASED a. (First) ETTA b. (Middle) MARY c. (Last) GROSS			4. DATE OF DEATH (Month) (Day) (Year) 2 8 51		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-28-1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MOUND CITY, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DAVID L LOUSIGNON	13b. MOTHER'S MAIDEN NAME SHARA MILLER	14. NAME OF HUSBAND OR WIFE ARTHUR GROSS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Gross Brunswick
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Adeno-Carcinoma of middle lobe of right lung.			2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) Obstruction of esophagus DUE TO (c) Malnutrition			1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162X	terminal	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept. 1, 1950, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.	23b. ADDRESS Brunswick, Missouri	23c. DATE SIGNED 2/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE FEB-10-51	24c. NAME OF CEMETERY OR CREMATORY Elliott Grove	24d. LOCATION (City, town, or county) (State) Brunswick Mo.
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DATE REC'D BY LOCAL REG Feb 10-51	REGISTRAR'S SIGNATURE Mildred Boone	56	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. M. Slurry Brunswick Mo.
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(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAR 2 1951  
DISTRICT HEALTH OFFICE #  
District File Number 3-51-  
Date Filed: MAR 6 1951

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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. E. McCurry* .....

Licensed Embalmer No. *4806* .....

P. O. Address *Brunswick, 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.