

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12010**  
Registrar's No. **45**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017**

**1. PLACE OF DEATH**  
a. COUNTY **Cooper**  
b. CITY (If outside corporate limits, write RURAL and give township) **Boonville**  
c. LENGTH OF STAY (In hospital) **All of life**  
c. CITY (If outside corporate limits, write RURAL and give township) **Boonville**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **At home, 409 Spruce St.**  
d. STREET ADDRESS (If rural, give location) **409 Spruce St.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Cooper**

**3. NAME OF DECEASED**  
a. (First) **Kate** b. (Middle) **W.** c. (Last) **Gross**  
4. DATE OF DEATH (Month) (Day) (Year) **April 24 1951**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never married** **8. DATE OF BIRTH** **February 8<sup>th</sup> 1863** **9. AGE** (In years last birthday) **88** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housework** **10b. KIND OF BUSINESS OR INDUSTRY** **At own home** **11. BIRTHPLACE** (State or foreign country) **Boonville, Missouri.** **12. CITIZEN OF WHAT COUNTRY?** **USA.**

**13a. FATHER'S NAME** **Frederick W. Gross** **13b. MOTHER'S MAIDEN NAME** **Rosa Boob** **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **John Gross,** **ADDRESS** **Boonville, Missouri.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** **Myocarditis, acute**  
**ANTECEDENT CAUSES**  
**\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.**  
**Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
**DUE TO (b)** **Advanced Senility - 4/28**  
**DUE TO (c)** **3 only saw this patient once - which was 70 minutes before he died**  
**11. OTHER SIGNIFICANT CONDITIONS**  
**Conditions contributing to the death but not related to the disease or condition causing death.** **Had been bedridden because of Arthritis**  
**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) \_\_\_\_\_ **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** **Apr 24** **1951,** **to** **only April 24, 1951,** **that I last saw the deceased alive on** **Apr 24, 1951,** **and that death occurred at** **6:00 p.m.,** **from the causes and on the date stated above.**

**23a. SIGNATURE** **W.E. Stone** (Degree or title) **M.D.** **23b. ADDRESS** **Boonville Mo** **23c. DATE SIGNED** **4-25-51**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **April 27 1951** **24c. NAME OF CEMETERY OR CREMATORY** **Walnut Grove** **24d. LOCATION** (City, town, or county) (State) **Boonville, Missouri.**

**DATE REC'D BY LOCAL REG.** **4-26-51** **REGISTRAR'S SIGNATURE** **D. Hooper** **25. FUNERAL DIRECTOR'S SIGNATURE** **Goodman & Boller,** **ADDRESS** **Boonville, Missouri.**

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

272  
1

0272

8

April 24 1951

February 8<sup>th</sup> 1863

Housework

At own home

Boonville, Missouri.

USA.

Frederick W. Gross

Rosa Boob

John Gross, Boonville, Missouri.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH  
**None**

*Myocarditis, acute*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

*Advanced Senility - 4/28*

*3 only saw this patient once -*

*which was 70 minutes before he died*

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

*Had been bedridden because of Arthritis*

*1 year*

431X

YES  NO

(COUNTY) (STATE)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 24** **1951,** **to** **only April 24, 1951,** **that I last saw the deceased alive on** **Apr 24, 1951,** **and that death occurred at** **6:00 p.m.,** **from the causes and on the date stated above.**

**W.E. Stone**

(Degree or title) **M.D.**

**Boonville Mo**

**4-25-51**

**Burial**

**April 27 1951**

**Walnut Grove**

**Boonville, Missouri.**

**4-26-51**

**D. Hooper**

**Goodman & Boller, Boonville, Missouri.**

RECEIVED 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-30-51 \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*G. F. Poller*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3062*

P. O. Address *Boonville, 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.