

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2030

State File No.

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 4

650
0

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	c. LENGTH OF STAY in this place 14 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle)	c. (Last) Gross	4. DATE OF DEATH (Month) (Day) (Year) 1-23-52
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-18-1853	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Aquilla Cross	13b. MOTHER'S MAIDEN NAME Sarah Higdon	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or stage of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Lonnie Maxwell	ADDRESS Princeton, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* (b) Carcinoma of Bladder		Conditions contributing to the death but not related to the disease or condition causing death.	

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? 4222H
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22. I hereby certify that I attended the deceased from Aug 1945, to Jan 23, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. William Lambert, M.D.	(Degree or title)	23b. ADDRESS Princeton, Mo	23c. DATE SIGNED 1/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-25-52	24c. NAME OF CEMETERY OR CREMATORY Princeton	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo
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DATE REC'D BY LOCAL RES. 1-28-52	REGISTRAR'S SIGNATURE Earl Math	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Hall Moss

Licensed Embalmer No. 2634

P. O. Address Sumner 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.