

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20464

State File No. _____

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2736

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (In this place) <u>48 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>4015 VIRGINIA AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3526 WALNUT STREET</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>Augusta</u> c. (Last) <u>Gross</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1952</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | |
| 8. DATE OF BIRTH <u>MAY 15, 1861</u> | | 9. AGE (In years last birthday) <u>91</u> | | 10. AGE (In years) if UNDER 1 YEAR if UNDER 24 HRS. Months Days Hours Min. | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Phillip Gross</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baller</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |

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| 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Gertrude Welch</u> | | ADDRESS <u>4015 Virginia</u> | |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia-uramia- old age</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic hypertension</u> DUE TO (c) <u>heart disease- recent fractured hip</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured hip same hip</u> | | | |

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| 19a. DATE OF OPERATION <u>4-6-52</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>hip pinned but did not hold</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>234015 Virginia Jackson Mo</u> | |

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|---|--|---|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb-1952</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u> | |
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22. I hereby certify that I attended the deceased from 8-29, 1941, to 6/13, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 6 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Hester J. Wilson</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>411 Nichols Road K.C. Mo</u> | | 23c. DATE SIGNED <u>6/14/52</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JUNE 16 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL CEMETARY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MISSOURI</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leseldine Holmes</u> ADDRESS <u>1331 BAUGH CREEK</u> | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>6-16-52</u> | | REGISTRAR'S SIGNATURE <u>Leseldine Holmes</u> | | ADDRESS <u>D.W. Newcomer's Sons Kansas City, Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

133 May 2 June 2017

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 John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Jackson City, 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.