

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7015**

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **5879** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY OR TOWN Chamois - RURAL		c. CITY OR TOWN Chamois - R. P. 1760	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) BENTON Imp 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chamois, Mo - R. 10			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) _____	c. (Last) GRESS	4. DATE OF DEATH (Month) (Day) (Year) FEB - 25 - 1953
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE-19-1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 6	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) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) LOOSE CREEK - Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mitchell Gress	13b. MOTHER'S MAIDEN NAME Antelena Weiss	14. NAME OF HUSBAND OR WIFE Catherine B. Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME FRANK GRESS ADDRESS Chamois - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Right Iliac Phlebitis & femoral		7 days.	

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 **12-17-1952**, to **Feb-23-1953**, that I last saw the deceased alive on **2-23-1953**, and that death occurred at **11:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Farnsworth (Name or title)	23b. ADDRESS Chamois Mo.	23c. DATE SIGNED 2-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/28/53	24c. NAME OF CEMETERY OR CREMATORY LINN MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) Linn Mo
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DATE REC'D BY LOCAL REG. 3/2/53	REGISTRAR'S SIGNATURE Anna Moran	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Norton ADDRESS Linn Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Vernon M. Mooton

Licensed Embalmer No. 4125

P. O. Address Linn 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.