

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13459

FILED MAY 11 1953

State File No.

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| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>3008</u> | | Registrar's No. <u>176</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u> <u>0143</u> <u>2</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u> <u>0141</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PALMYRA</u> <u>Fulton</u> | | c. LENGTH OF STAY (in this place) <u>14</u> days | | c. CITY OR TOWN <u>Palmyra</u> <u>Mo</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO1</u> | | | | e. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) <u>XXXX CHARLES WM</u> | | | a. (First) <u>CHARLES</u> b. (Middle) <u>WM</u> c. (Last) <u>GROSS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY</u> <u>5th</u> <u>53</u> | |
| 5. SEX <u>MALE</u> <input checked="" type="checkbox"/> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH <u>NOV-29th-1868</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeping</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Macon County Mo</u> <input checked="" type="checkbox"/> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>B Abraham Gross</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carolyne Hodge</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ellora Gross</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records</u> <u>Fulton</u> <u>Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>*Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>h/21/53</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>MAY 5th, 1953</u> to <u>May 5, 1953</u> , that I last saw the deceased alive on <u>May-5th, 1953</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. C. COLWELL, M.D. By <i>Mary Lou...</i></u> | | | | 23b. ADDRESS <u>Fulton</u> | | 23c. DATE SIGNED <u>5-5-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 8/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra</u> | | 24d. LOCATION (City, town, or county) (State) <u>Palmyra Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>May 9-1953</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mary Lou...</u> | | | |

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.....
Signature of Student Embalmer

Signed *J. W. Ross*.....
Licensed Embalmer No. *2555*
P. O. Address *Fulton 7*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.