

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 17 1953

State File No. **38467**
58

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 4076		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, write RURAL and give township) GORDONVILLE		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) GORDONVILLE		OR TOWN GORDONVILLE 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION GORDONVILLE, MO.				d. STREET ADDRESS (If rural, give location) GORDONVILLE			
3. NAME OF DECEASED (Type or Print) a. (First) THEODORE b. (Middle) MARTIN c. (Last) GROSS			4. DATE OF DEATH (Month) (Day) (Year) NOV. 12, 1953				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 31, 1904		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 10 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) GORDONVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHRISTIAN GROSS			13b. MOTHER'S MAIDEN NAME EMMA GERIGHS GROSS		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ERMA A. GROSS		ADDRESS GORDONVILLE MO.	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-lymphatic sclerosis					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) -						
	II. OTHER SIGNIFICANT CONDITIONS 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"/>	
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) 345X			
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 -			
22. I hereby certify that I attended the deceased from Jan 11, 1953 , to NOV. 12, 1953 ; that I last saw the deceased alive on NOV. 12, 1953 , and that death occurred at 11:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. G. Lubner, M.D.				23b. ADDRESS GORDONVILLE, MO.		23c. DATE SIGNED NOV 17 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 14 1953	24c. NAME OF CEMETERY OR CREMATORY CHRIST LUTHERAN CEM.		24d. LOCATION (City, town, or county) (State) GORDONVILLE, MISSOURI		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 14 5 55 W. G. Lubner		43-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORD-YOUNG FUNERAL HOME, Inc. CAPE GIRARDEAU, MISSOURI			

WRITE PLAINLY—USING BLACK INK—MARK 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

Lewell Green Jr.

Licensed Embalmer No. *4736*

P. O. Address *Cen. Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.