No. 300
10.48

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

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14989

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 536

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hovey Rest Home 723 S. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2215 Vories St. 017 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Belle
c. (Last): Maris

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: October 27, 1878
9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Union Star, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John O. Gross
13b. MOTHER'S MAIDEN NAME: Sarah Ellen Dollis
14. NAME OF HUSBAND OR WIFE: Nimrod F.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. George Wise, Savannah, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 4-200 F

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fractured left hip 3/26/54 at home

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 26, 1954 ? m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell in home

22. *I hereby certify that I attended the deceased from* 4/23/ *19*54, *to* 5/22/, *19*54, *that I last saw the deceased alive on* 5/21/, *19*54, *and that death occurred at* 9:10a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Mundy (Degree or title): M.D.
23b. ADDRESS: 2801 Sacramento St. Joseph, Mo.
23c. DATE SIGNED: 5/22/54
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/25/1954
24c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
24d. LOCATION (City, town, or county) (State): Savannah, Missouri
DATE REC'D BY LOCAL REG.: May 27, 1954
REGISTRAR'S SIGNATURE: Mathew M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Brummett Funeral Home St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 45

P. O. Address 3195 10th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.