

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16778

State File No. ....

FILED MAY 17 1954

BIRTH NO. _____		REG. DIST. NO. <u>856</u>		PRIMARY REG. DIST. NO. <u>5879</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY OR TOWN <u>Rural, Benton Twp</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>		c. CITY OR TOWN <u>Chamois R D</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>				e. STREET ADDRESS (If rural, give location) <u>Chamois, Mo. R D #1 0760</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbra</u>			b. (Middle) <u>Katherine</u>		c. (Last) <u>Gress</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 5, 1872</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Frank Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Gress</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Gress, Chamois, Mo. R D</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>  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. <u>Diabetes gangrene feet -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>  <u>2 mo.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>260 X</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) (m.) _____		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 <u>Aug 15, 1953</u> , to <u>Mar 26, 1954</u> , that I last saw the deceased alive on <u>Mar 26, 1954</u> and that death occurred at <u>6:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. D. J. (Leblanc M.D.)</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>5-12-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/12/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-12-54</u>		REGISTRAR'S SIGNATURE <u>Anna Moran</u>		448		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. ... Linn, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

760

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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..... *Ulysses M. Norton*

Licensed Embalmer No. *412*

P. O. Address *Lincoln*

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.