

FILED JUL 12 1955

THE DIVISION OF HEALTH OF THE STATE OF TEXAS
STANDARD CERTIFICATE OF DEATH

State File No. **20864**

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4521** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Texas	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Houston Precinct 89		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Houston, Precinct 10700	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) ELVA c. (Last) GROSS	4. DATE OF DEATH (Month) (Day) (Year) June 26 1955
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 24 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ind. /	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George Silla	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE David Gross
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mary Lantz ADDRESS Houston, Tx.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		8 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Fractured left hip		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 wks.	

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) (Min.)	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 **Oct 1953**, to **June 1955**, that I last saw the deceased alive on **June 27 1955**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE James B. Kelly MD (Degree or title)	23b. ADDRESS Houston, Tx.	23c. DATE SIGNED 6/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-55	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) Republic, Tx.
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DATE REC'D BY LOCAL REG. July 7-55	REGISTRAR'S SIGNATURE Myrtie Craig 327	FUNERAL DIRECTOR'S SIGNATURE Ellitt Funeral Home ADDRESS Houston, Tx.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10700

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, M

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.