

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35724

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6206 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymerville Jackson's gro</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymerville Jackson</u>	
c. LENGTH OF STAY (If this place)		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>SYLVANIA</u> c. (Last) <u>McKINNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-5-1955</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 2, 1882</u>	9. AGE (In years last birthday) <u>73</u>	10. CITIZENSHIP (Specify) <u>U.S.</u>
10a. USUAL OCCUPATION (State kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Houston Mo</u>	

13a. FATHER'S NAME <u>George Gross</u>	13b. MOTHER'S MAIDEN NAME <u>Winnie White</u>	14. NAME OF HUSBAND OR WIFE <u>George</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Boyle McKenny</u>	ADDRESS <u>Hosk. Mo.</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>16 Mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Generalized sarcomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. <u>Retropituitary Fibrosarcoma</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>158X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <u>11-5-1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large retropituitary tumor (Fibrosarcoma)</u>	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)
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 Nov. 1, 1953, to Nov. 5, 1955, that I last saw the deceased alive on Nov. 5, 1955, and that death occurred at 5:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm B. Kelly M.D.</u>	23b. ADDRESS <u>Houston Mo.</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frank</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 11-56</u>	REGISTRAR'S SIGNATURE <u>Murphy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Craig 3210</u>	ADDRESS <u>Elliott Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

Houston Mo.

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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex.

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.