

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1957

State File No. **40477**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3002</b>		Registrar's No. <b>258</b>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (In this place) <b>15yrs.</b>		c. CITY OR TOWN <b>Mexico</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 W. Boulevard</b>				e. STREET ADDRESS (If rural, give location) <b>103 W. Boulevard</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> BENJAMIN b. (Middle) <b>B-</b> FRANKLIN c. (Last) <b>Gross</b> GROSS			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 22, 1956</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 21, 1895</b>	
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work and department of working life, even if retired) <b>Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Small Loan</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Atlanta, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert E. Gross</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Blaine</b>			14. NAME OF HUSBAND OR WIFE <b>Myrtle Gross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-05-7255</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Myrtle Gross, Mexico, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> 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 <b>1-1-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		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 _____ 19____, to <b>Dec 22, 1956</b> , that I last saw the deceased alive on <b>Dec 10, 1956</b> , and that death occurred at <b>9:30 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank J. Neely, MD</b>				23b. ADDRESS <b>Mexico Mo</b>		23c. DATE SIGNED <b>12/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 26, 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Tabor</b>		24d. LOCATION (City, town, or county) (State) <b>Atlanta, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 26-1956</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Precht-Huston</b>		ADDRESS <b>Mexico, Mo.</b>	

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

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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.....  
*Ralph L. Hueston*  
Licensed Embalmer No. 4687

P. O. Address Mexico, Mo. ....

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.