

Public Health Service

100-56

Use only black ink or ribbon type if possible. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5304-56

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>California</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. Stark</u> Length of stay in lb <u>9 days</u>		d. STREET ADDRESS <u>803 North Oak St</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alonzo</u> Middle <u>Mack</u> Last <u>Gross, Jr.</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>18</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1956</u>		9. AGE (If bears last birthday): Months <u>10</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13. FATHER'S NAME <u>Alonzo Mack Gross</u>		
14. MOTHER'S MAIDEN NAME <u>Norma Jean Cook</u>			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>-</u>			17. INFORMANT <u>x Alonzo M. Gross</u> Address <u>California, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary paralysis</u> <u>Cerebral abscess</u> <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>342x</u>	
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>	20f. COUNTY <u>Moniteau</u> STATE <u>Missouri</u>	

21. I attended the deceased from <u>1-9-57</u> to <u>1-18-57</u> and last saw <sup>her</sup> him alive on <u>1-18-57</u> Death occurred at <u>1:10</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>
22c. DATE SIGNED <u>Jan 18 1957</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>January 19th '57</u>	23c. NAME OF CEMETERY OR CREMATORIAL <u>Mt Moriah Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>
24. FUNERAL DIRECTOR <u>Richards Funeral Home, Tipton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>18 January 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dorris MD JR</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1957  
MISSOURI

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 *Donald P. Freeman*  
Donald P. Freeman

Licensed Embalmer No. ....  
Jefferson City, Misso  
P. O. Address .....

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