

FILED OCT 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35107**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4092** Registrar's No. **152**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Archie	c. LENGTH OF STAY (In this place) 02 yrs.	c. CITY OR TOWN Archie	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 At his home			
e. STREET ADDRESS		(If rural, give location) 0196	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Othello	b. (Middle) Elsworth	c. (Last) Gross	(Month) October	(Day) 18	(Year) 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Archie, Cass County Missouri		12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Adam Gross	13b. MOTHER'S MAIDEN NAME Ellen Vansandt	14. NAME OF HUSBAND OR WIFE (Wife) Ethel 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) No	16. SOCIAL SECURITY NO. 492-18-1100	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Gross		ADDRESS Archie, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Coronary				Sudden
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 2 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) 4201	(COUNTY)	(STATE)
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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?		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

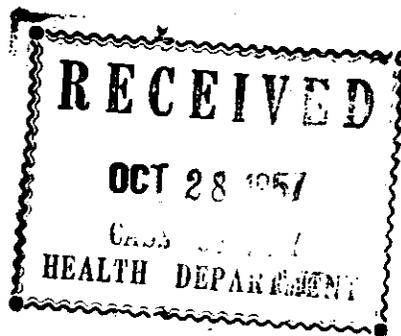
23a. SIGNATURE E. E. Rhinn (Degree or title) M.D.	23b. ADDRESS Adrian, MO	23c. DATE SIGNED 10-19-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 20-57	24c. NAME OF CEMETERY OR CREMATORY Cresent Hill Cemetery	24d. LOCATION (City, town, or county) (State) Adrian, Mo.
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DATE REC'D BY LOCAL REC. Oct 20, 1957	REGISTRAR'S SIGNATURE Lora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Atkinson-Dickey	ADDRESS Archie, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1570



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 *Robert W. Atkinson*

Licensed Embalmer No. *4902*

P. O. Address *Hennrich*

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.