

FILED OCT 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36311

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Twp.</b>		c. CITY OR TOWN <b>KaNsas City 34</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11620 Raytown Rd.</b>		d. STREET ADDRESS (If outside, give location) <b>11620 Raytown Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>GROSS</b> Last <b>GROSS</b>		4. DATE OF DEATH <b>Oct. 16, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 3, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Owner-Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Interior Decorator</b>	11. BIRTHPLACE (City and state or country) <b>Lawson, Missouri</b>
13a. FATHER'S NAME <b>Thomas Gross</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Laffoon</b>	14. NAME OF HUSBAND OR WIFE <b>Samyra Gross</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Dr. Winter B. Gross, 11620 Raytown Rd., K.C., Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>4201</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Intestine &amp; Insufflation</b>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION . . . COUNTY . . . STATE
21. I attended the deceased from . . . to . . . and last saw her/him alive on . . . Death occurred at <b>1:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens Coroner</b>		22b. ADDRESS <b>1034 Beatto Bldg</b>	22c. DATE SIGNED <b>10-17-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct. 16, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lawson, Missouri</b>
24. FUNERAL DIRECTOR <b>George C. Carson, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10/18/57</b>	26. REGISTRAR'S SIGNATURE <b>Herling E. Gollard</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

OCT 23 1957

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 *Raymond H. Hoemann*

Licensed Embalmer No. *4266*  
P. O. Address *Dundee, 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.