

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-008682
State File No.

FILED APR 11 1958

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| BIRTH NO. _____ | | REG. DIST. NO. <u>2</u> | PRIMARY REG. DIST. NO. <u>4009</u> | Registrar's No. <u>248</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Savannah</u> | | c. LENGTH OF STAY (in this place) <u>6 mo.</u> | c. CITY OR TOWN <u>Maryville 0742</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LeVerne Heights Rest Home</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPHINE</u> | | b. (Middle) _____ | c. (Last) <u>GROSS</u> | 4. DATE OF DEATH (Month) <u>4</u> (Day) <u>1</u> (Year) <u>58</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11/26/62</u> | 9. AGE (In years last birthday) <u>95</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shakopee, Minn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John W. Haegen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Radar</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin Gross, dec.</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Al Gross, Maryville, Mo.</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic gangrene Rt leg & toe</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Diabetic Mellitus</u> | | <u>6 wks</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) <u>arteriosclerosis general</u> | | <u>5 yrs</u> |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? <input checked="" type="checkbox"/> 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) <u>260X</u> | | |
| 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 <u>10-15-</u> , 19 <u>57</u> , to <u>4/1/58</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-23-58</u> , 19 <u> </u> , and that death occurred at <u>4:50P</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) <u>M. D.</u> | 23b. ADDRESS <u>Savannah, Missouri</u> | 23c. DATE SIGNED <u>4-4-58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>4/5/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Merv's</u> | 24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-7-58</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 8 1958

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 *Cleus M. Price*.....

Licensed Embalmer No. *1827*

P. O. Address *Maryville*

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.