

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029975

FILED VS SEP 14 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 293

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pettis</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>	Length of stay in lb <u>30 yrs</u>	c. CITY OR TOWN <u>Sedalia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hospital</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>322 East 5th</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Frederick Henry Gross</u>			4. DATE OF DEATH Month Day Year <u>Sept 8 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-16-1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	11. BIRTHPLACE (City and state or country) <u>Cole Camp Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Charles Gross</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Fengelhub</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Gross</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>495-36-7010</u>	17. INFORMANT Address <u>Mrs Lucille Gross Sedalia 322 E. 5th</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Exsanguination</u>		<u>17 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u>	<u>1 month</u>
	DUE TO (c) <u>Hemorrhaging Duodenal ulcer</u>	<u>17 hours</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Probable bronchiogenic Carcinoma, right -</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	---

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.)
--	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <u>17 August 1959</u> to <u>2 September 59</u> and last saw him alive on <u>7 September 59</u> Death occurred at <u>2:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <u>Stanley D. Fisher M.D.</u>	22b. ADDRESS <u>500 St. 16th Sedalia Missouri</u>	22c. DATE SIGNED <u>9-9-59</u>
--	---	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
---	--------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Bros Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>9-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Frances Sheely</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*K.P. McLear*

Licensed Embalmer No.

*31536*

P. O. Address

*Sedalia*

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