

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004737

FILED FEB 8 1960

Registration District No. 328

Primary Registration District No. 4485

Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Donipass		Length of stay in 1b 54 yrs.	c. CITY OR TOWN Donipass Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JESS Middle GROSS Last GROSS			4. DATE OF DEATH Month JAN Day 23 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 7 Days 2 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (City and state or country) Sailor Springs, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Simon Gross	13b. MOTHER'S MAIDEN NAME Martha Harris	13c. NAME OF HUSBAND OR WIFE Mary Poorman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 702-09-4641	17. INFORMANT Mrs. Jess Gross Address Illmo, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 33 hours
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	DUE TO (c) Buerger's Disease	INTERVAL BETWEEN ONSET AND DEATH 9 years
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	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
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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.) _____
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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 _____
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21. I attended the deceased from Dec - 21 - 1957 to Jan - 1 - 1959 and last saw him alive on Aug - 1 - 1959 Death occurred at 1:15 a .m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Fred W. Martin D.O	22b. ADDRESS Illmo, Mo	22c. DATE SIGNED 1-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-25-60	23c. NAME OF CEMETERY OR CREMATORY Lighten Cem	23d. LOCATION (City, town, or county) (State) Illmo Mo.
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24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME ADDRESS Illmo, Mo	25. DATE RECD. BY LOCAL REG. Jan. 27, 60	26. REGISTRAR'S SIGNATURE Mrs. Fred Bisplinghoff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 3

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

Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Alamo, N.M.

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.