

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034772

FILED VS OCT 1 0 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4834 STATE FILE NUMBER

12/15/60  
12/15/60  
unknown  
unknown  
DOCUMENT  
Ted M. Gross  
Jesse L. Matthews  
BY AFFIDAVIT OF informant  
N. Gentry  
13a  
13b

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>1 hour</u> <u>30 yes.</u>		c. CITY OR TOWN <u>Kansas City Mission</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>ST. Joseph Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>15 So. Cherokee</u>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Rex</u> Last <u>Gross</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>22</u> Year <u>1960</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc.</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>Feb 23, 1903</u>		
9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>		11. BIRTHPLACE (City and state or country) <u>Shell City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ted M. Gross</u>			13b. MOTHER'S MAIDEN NAME <u>Jesse L. Matthews</u>			14. NAME OF HUSBAND OR WIFE <u>GENEVIA M. GROSS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-05-6495</u>		17. INFORMANT <u>Mrs GENEVIA M. GROSS - 15 So. Cherokee</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>  </u> 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								
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.) <u>  </u>				
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u> / <u>  </u> / <u>  </u>		<u>  </u>				
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.) <u>  </u>		20f. CITY, TOWN, OR LOCATION <u>  </u>		COUNTY <u>  </u> STATE <u>  </u>		
21. I attended the deceased from <u>5/4/60</u> to <u>9/22/60</u> and last saw him alive on <u>9/22/60</u> Death occurred at <u>5 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Print name) <u>Jesse L. Matthews</u>				22b. ADDRESS <u>324 E 11 St KC Mo</u>		22c. DATE SIGNED <u>9/23/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sept 24 - 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
24. FUNERAL DIRECTOR <u>Muehlebach</u>			ADDRESS <u>6800 Troost</u>		25. DATE RECD. BY LOCAL REG. <u>9-24-60</u>		26. REGISTRAR'S SIGNATURE <u>H.L. Dwyer</u>	

**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 *R. E. Nichols*

Licensed Embalmer No. Y987  
P. O. Address K. C. 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.