

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030491

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 331

FILED AUG 31 1961

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

3. NAME OF DECEASED (Type or print) First Sarah Middle Elizabeth Last Gross			4. DATE OF DEATH Month August Day 20 Year 1961			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1889 70	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Doe Run, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Francis Marion Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Lynch	14. NAME OF HUSBAND OR WIFE June C. Gross
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mary Sylvia Gross	Address Elvins, Missouri R # 1
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarction.		2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease.	unknown
	DUE TO (c) Diabetes mellitus.	Known 10yrs

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 checked="" 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 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
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21. I attended the deceased from **1950** to **August 20, 1961** and last saw her **August 18, 1961** alive on **August 18, 1961**
Death occurred at **9:30 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) MS	22b. ADDRESS 1000 N. Main St., Desloge, Mo.	22c. DATE SIGNED 8-21-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23-1961	23c. NAME OF CEMETERY OR CREMATORY Odd-Fellow Cemetery	23d. LOCATION (City, town, or county) (State) Bismarck, Mo
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24. FUNERAL DIRECTOR R. Caldwell & Sons Flat River, Mo ADDRESS 	25. DATE RECD. BY LOCAL REG. Aug 23, 1961	26. REGISTRAR'S SIGNATURE Esther Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 31 1961

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 David Paul Caldwell, Student Embalmer No. ~~XXXXXX~~ 6,
working under my personal supervision.

Student Don P. Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.