MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013970
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 132

DO NOT WRITE ON THIS STUB

AMENDED F

FILED APR 30 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Kirksville Osteopathic Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: Canton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 701 Henderson Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Daisy Middle: Ray Last: Gross
4. DATE OF DEATH: Month: April Day: 24 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-4-1890
9. AGE (last birthday): 71
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Lewis County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward D. Vaughn
13b. MOTHER'S MAIDEN NAME: Cora May Jobe
14. NAME OF HUSBAND OR WIFE: Edward L. Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi[redacted]
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Mrs. Hazel Jobe, Canton, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Depression — INTERVAL BETWEEN ONSET AND DEATH: 11/2/61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Circulatory Failure — 4/24/62
DUE TO (c): Arteriosclerotic Heart Disease - Decompensating
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obstructive Jaundice due to Poss. Carcinoma Head of Pancreas, Hypoalbuminemia, Hypovolemia, Electrolyte Imbalance
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
(Describe how injury occurred, type of injury, if not given in PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 5, 1962 April 24, 1962 and last saw her/him alive on April 24, 1962
Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William Leake (Degree or title) D.O.
22b. ADDRESS: 800 W. Jefferson, Kirksville, Mo.
22c. DATE SIGNED: 4-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Bur.
23b. DATE: Apr. 27, 1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove
23d. LOCATION (City, town, or county) (State): Canton, Lewis County, Mo.
24. FUNERAL DIRECTOR: Earl H. Barkley ADDRESS: Canton, Mo.
25. DATE RECD. BY LOCAL REG.: April 27, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Permit issued April 25, 1962

MILAN LESKO, D.O.

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.