

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046764

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 4507 Registrar's No. 96

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crane</u>		Length of stay in 1b <u>LMO.</u>	c. CITY OR TOWN <u>Ridgedale</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Koneig Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Ridgedale</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTHA C. GROSS</u>			4. DATE OF DEATH Month Day Year <u>Nov. 24, 1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/23/1880</u>
9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if rpt[red]) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>Missouri (Green Co.)</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Lewis Snowden</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Chambers</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Gross Ridgedale, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv[ice])		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Joe Gross Ridgedale, Mo.</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>Cerebral hemorrhage</u> DUE TO (b) <u>Hypertensive disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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>6-6-61</u> to <u>11-25-63</u> and last saw her alive on <u>7-1-62</u> . Death occurred at <u>1:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles C. Spears M.D.</u> (Degree or title)		22b. ADDRESS <u>Branson, Mo.</u>	22c. DATE SIGNED <u>11-25-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/29/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cem.</u>	23d. LOCATION (City, town, or county) <u>Branson Mo.</u>
24. FUNERAL DIRECTOR <u>Holt Chapel</u> ADDRESS <u>Harrison, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 26, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59

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