

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8212

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4213</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE</u> <u>0470</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHRYN</u>			b. (Middle) _____		c. (Last) <u>GROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 11 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>FEB 15 1873</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>78 0 23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>KEEPING OWN HOUSE</u>			11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENEDICT GROSS</u>			13b. MOTHER'S MAIDEN NAME <u>CLARA MOSBACHER</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Gross Montrose Mo</u>			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar. 10, 1951</u> , to <u>Mar. 11, 1951</u> , that I last saw the deceased alive on <u>Mar. 11, 1951</u> , and that death occurred at <u>10:30 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. E. Baggerly M.D.</u>				23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>8-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOPEWELL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MONTROSE MO.</u>			
DATE REC'D BY LOCAL REG. <u>Mar-13-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Vansant</u>			
						ADDRESS <u>Clinton Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0470

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-19-51

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
Student Embalmer

Signed *W. A. Sansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.