

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7355

State File No.

BIRTH NO. _____ REG. DIST. NO. 202 PRIMARY REG. DIST. NO. 4193 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural - Oliver</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Ridgely</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> b. (Middle) <u>JESTON</u> c. (Last) <u>GROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18th 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3rd 1894</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Douglas Co - Mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Hutchins</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Gross</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Gross - Branson Mo</u>	
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>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
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)		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>Feb 14, 1950</u> , to <u>Feb 18, 1950</u> , that I last saw the deceased alive on <u>Feb 17, 1950</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry T. Evans, M.D.</u>		23b. ADDRESS <u>Branson, Mo</u>	
23c. DATE SIGNED <u>2/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/18/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/22/50</u>		REGISTRAR'S SIGNATURE <u>J E Egawell 376</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Helt - Harrison, Ark</u>		ADDRESS	

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

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RECEIVED FEB 27 1950
District Health Office No. 6,
District File Number 250-220
Date Filed 2-28-50

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 Genevieve Ragan

Licensed Embalmer No. 698

P. O. Address Harrison, Ark

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.