

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29886

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 43

320
1

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

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>	
c. LENGTH OF STAY (in this place) <u>76 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George Dallas</u> b. (Middle) <u>Gross</u> c. (Last) <u>Gross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-50</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>5-29-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Union Star</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

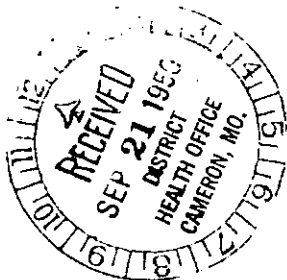
13a. FATHER'S NAME <u>John J. Gross</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Dallas</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Sanner Gross</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Geo. D. Gross</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</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)	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) m.	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 Sept 19, 48 to Sept 11, 1950, that I last saw the deceased alive Sept 9, 1950 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack H. Barnes</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Spring City, Mo</u>		23c. DATE SIGNED <u>9-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	24d. LOCATION (City, town, or county) (State) <u>Union Star Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-15-50</u>	REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. S. Stanton</u>	ADDRESS <u>Stanton</u>		



FEB 20 1956

MAY 8 1958

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.

Signed Wm. S. Stanton, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 3778

P. O. Address Albion, Kan

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.