

STANDARD CERTIFICATE OF DEATH

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **74**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (If in place) 1 day		d. STREET ADDRESS (If rural, give location) 1 1/2 Mi. North, Earl Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hosp			

3. NAME OF DECEASED a. (First) Henry b. (Middle) Louis c. (Last) Gross		4. DATE OF DEATH (Month) (Day) (Year) Feb 29-52	
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired dry man	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Callaway Co. Mo	12. CITIZENSHIP U.S.A.
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13a. FATHER'S NAME Louis Gross	13b. MOTHER'S MAIDEN NAME Catharine Bunday	14. NAME OF HUSBAND OR WIFE Alice Fulton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16a. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Gross	ADDRESS Fulton, Mo.
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left hemiplegia		
	DUE TO (c) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/28, 1952** to **2/29, 1952**, that I last saw the deceased alive on **2/29, 1952**, and that death occurred at **7:19 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. J. Ford	(Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 3/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 2-52	24c. NAME OF CEMETERY OR CREMATORY Old Richland	24d. LOCATION (City, town, or county) (State) Callaway County, Mo.
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DATE REC'D BY LOCAL REG. Mar 1-1952	REGISTRAR'S SIGNATURE Maretha Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Edi Bell	ADDRESS Fulton, Mo.
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VS APR 22 1960

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 Henry T. Bell

Licensed Embalmer No. 4867

P. O. Address Fulton, Missouri

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.