

STANDARD CERTIFICATE OF DEATH

35009

State File No. **4467**

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

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Levasy	
e. STREET ADDRESS none		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) George Frederick Gross			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10. 1952
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 16. 1889
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian Levasy	
11. KIND OF BUSINESS OR INDUSTRY schools		11. BIRTHPLACE (State or foreign country) Pilot Grove, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Justus W. Gross	
13b. MOTHER'S MAIDEN NAME Anna Metz		14. NAME OF HUSBAND OR WIFE Rebecca Jane Gross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-26-1095	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rebecca Jane Gross-Levasy Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Urterine Colic		INTERVAL BETWEEN ONSET AND DEATH 10h	
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.		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		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)		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>10 Oct 1952</u> to <u>Oct. 10, 1952</u>, that I last saw the deceased alive on <u>10 Oct 1952</u>, and that death occurred at <u>11:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE E. H. Fischer (Degree or title)		23b. ADDRESS 2025 Swift N Ke Mo.	
23c. DATE SIGNED 13 Oct 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 12. '52	
24c. NAME OF CEMETERY OR CREMATORY Levasy Cemetery		24d. LOCATION (City, town, or county) (State) Levasy Missouri	
DATE REC'D BY LOCAL REG. 10-14-52		REGISTRAR'S SIGNATURE Geraldine Smith	
5. FUNERAL DIRECTOR'S SIGNATURE V.M. Roberts		ADDRESS Buckeye Mo	

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1959

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 V. M. Lippert

Licensed Embalmer No. 3411

P. O. Address Buckner, 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.