

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22487

FILED AUG 9 - 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY DEKALB	
b. CITY OR TOWN CAMERON		c. CITY OR TOWN Osborn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pigeon Community		e. STREET ADDRESS Palfax Township		4220	
3. NAME OF DECEASED (Type or Print) Louise		a. (First)		b. (Middle)	
		c. (Last) Gross		4. DATE OF DEATH (Month) (Day) (Year) 7 31 54	
5. SEX 7		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JUNE 8 - 1865		9. AGE (In years last birthday) 89		10. F UNDER 1 YEAR Months	
11. BIRTHPLACE (City and State or Foreign Country) NEW YORK		12. CITIZEN OF WHAT COUNTRY? USA		13. F UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country)	
13a. FATHER'S NAME JOHN GRIFF		13b. MOTHER'S MAIDEN NAME Christine Schwingel		14. NAME OF HUSBAND OR WIFE Wm F Gross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) W		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm F Gross	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic Cardio-Vascular DUE TO (c) renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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) 442 X	
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 7-31-1954 to 7-31-1954 that I last saw the deceased alive on 7-31-1954 and that death occurred at 1058 P.M., from the causes and on the date stated above.					
23a. SIGNATURE J D Kimes M.D.		23b. ADDRESS Camden Mo		23c. DATE SIGNED 8-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-3-54		24c. NAME OF CEMETERY OR CREMATORY Osborn	
24d. LOCATION (City, town, or county) (State) Osborn MO		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home		ADDRESS Camden	
DATE REC'D BY LOCAL REG. 8-4-54		REGISTRAR'S SIGNATURE Winifred W. Moser		790-0	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Robert J. Roland

Licensed Embalmer No. *4777*
999 west 5
P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.