

FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH,

State File No. 39833

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Libeaton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Libeaton</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Libeaton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Ny. 61 Smith</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lynnan</u> - b. (Middle) <u>Gross</u> c. (Last) <u>Gross</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19, 1954</u>
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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>Dec 6, 1898</u>	9. AGE (In years last birthday) <u>56</u> Months <u>11</u> Days <u>13</u> Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	11. BIRTHPLACE (State or foreign country) <u>Patterson Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>P. H. Gross</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Julian</u>	14. NAME OF HUSBAND OR WIFE <u>Nila Gross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Nila Gross Libeaton Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>at once</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous myocardial infarct</u> DUE TO (c) _____		
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 <u>42-01</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-Sept, 1954 to 19-Nov, 1954, that I last saw the deceased alive on 19-Nov, 1954, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. Phoyngerton M.D.</u>	23b. ADDRESS <u>Libeaton Mo</u>	23c. DATE SIGNED <u>29-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Libeaton City Libeaton Mo</u>	24d. LOCATION (City; town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>12-2-54</u>	REGISTRAR'S SIGNATURE <u>Walter Hunter</u> 429	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orville Gaylow Libeaton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1954

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1254-251

DEC 10 1954

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 Tommy L. Roberts

Licensed Embalmer No. 1886

P. O. Address New Market, Va.

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.