

FILED JAN 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 281

Dr. R. L. Maginn
1302 Faaron St.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 Yrs.		e. STREET ADDRESS (If rural, give location) 415 N. 10th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 N. 10th St.			
3. NAME OF DECEASED (Type or Print) Myrtle Evangeline Gross		4. DATE OF DEATH (Month) (Day) (Year) Found Jan 4, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1880
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) Union Star, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Myron Francis Tanner		13b. MOTHER'S MAIDEN NAME Ellen Lewis	14. NAME OF HUSBAND OR WIFE George Dollis Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edward Schnitker-Union Star, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) signed as an unattended death in city of St. Joseph.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	

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)
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 1-4 1956, to 1-6 1956, that I last saw the deceased alive on 1-6 1956, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23. SIGNATURE Richard L. Maginn M.D. Health Officer	(Degree or title)	23b. ADDRESS 1302 Faaron St. Joseph Mo.	23c. DATE SIGNED 1-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-7-1956	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star, Mo.

DATE REC'D BY LOCAL REG. Jan 6, 1956	REGISTRAR'S SIGNATURE Esther M. Allison 485-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanton Mortuary- Atchison, Kan.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 20 1958

FEB 20 1958

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..

Student.....
Signature of Student Embalmer

Signed *Wm Stanton*.....

Licensed Embalmer No. *377*.....

P. O. Address *Michigan*.....

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.