

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30725
3736

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Missouri City</u>	
c. LENGTH OF STAY (in this place) <u>1 wk</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ora</u>	b. (Middle) <u>E</u>	c. (Last) <u>Gross</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22 1956</u>
-------------------------------------	-----------------------	----------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 12, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Orick, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Andrew M. Spee</u>	13b. MOTHER'S MAIDEN NAME <u>Rachael M. Kessick</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence Gross</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Gross, Mo. City, Mo.</u>	ADDRESS
--	-------------------------------------	--	---------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vasculas Accident</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>3 Branch pneumonia</u>		<u>6 days.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture L. Clavicle</u>			<u>331XF</u>
			<u>11 days</u>

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) <u>Fell in Home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Missouri City Clay Mo</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 11 1956</u> m.	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 Aug 17, 1956, to Aug 22, 1956, that I last saw the deceased alive on Aug 22, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gleann W. Hendren M.D.</u>	23b. ADDRESS <u>Liberty, Mo</u>	23c. DATE SIGNED <u>8-23-56</u>
--	---------------------------------	---------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>8-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>O'Dell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-25-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Excelsior Springs Mo</u>	ADDRESS
---	--	---	---------

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 *John P. Dismore*.....
Licensed Embalmer No. *4531*.....
P. O. Address *Kansas City*.....

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.