

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

34367
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 475

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

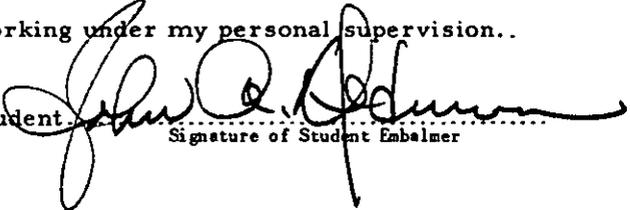
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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> COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sanitarium</u>			Length of stay in 1b <u>5 1/2 wks</u>		d. STREET ADDRESS (If outside, give location) <u>10528 E. 6th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Aster</u> Last <u>Gross</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</u> Year <u>1956</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 25, 1904</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Sewing Mch. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>James Emmous</u>				14. MOTHER'S MAIDEN NAME <u>Rose French</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>711-14-66 95</u>		17. INFORMANT Address <u>Virgil E. Gross, Kansas City, Mo.</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Undetermined Cause - pending</u> DUE TO (c) <u>further investigation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____										INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 weeks</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from _____ to <u>Oct 23, 1956</u> and last saw her alive on <u>Oct 23, 1956</u> Death occurred at <u>6:25 P</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Chas. M. ...</u>				22b. ADDRESS <u>Independence, Mo.</u>				22c. DATE SIGNED <u>10-24-56</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/25/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Sheridan Primitive Baptist Church, ^{Callio} Callio, Mo.</u>			23d. LOCATION (City, town, or county) (State)						
24. FUNERAL DIRECTOR ADDRESS <u>Geo. C. Carson Independence, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-25-56</u>		26. REGISTRAR'S SIGNATURE <u>James ...</u>							

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 John A. Dedmon....., Student Embalmer No. 54
working under my personal supervision..

Student


Signature of Student Embalmer

Signed


Licensed Embalmer No. 41

P. O. Address Indep.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.