Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019061
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY: Moniteau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): California — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Clarksburg 0680 0 — Inside Limits: Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City California — Length of stay in 1b: 2 hours	d. STREET ADDRESS (If outside, give location): 6 Miles S.E.Tipton,Mo — Reside on Farm: Yes [X] No [ ]

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3. NAME OF DECEASED (Type or print): First Mose, Middle Mackfee, Last Gross		4. DATE OF DEATH: Month May Day 31 Year 1958	
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Sept.3rd.1881
9. AGE (In years last birthday): 76	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer&Stockman	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Bell County , Kentucky 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Gross	13b. MOTHER'S MAIDEN NAME: Lucy Ball	14. NAME OF HUSBAND OR WIFE: Dora Gross	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Dora Gross , Clarksburg , Mo	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 442 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 9-12-56, to 5-31-58 and last saw ~~her~~ him alive on 5-30-58

Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenyon Latham M.D. 0	22b. ADDRESS: California, Mo	22c. DATE SIGNED: 6-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: June, 2.1958	23c. NAME OF CEMETERY OR CREMATORY: Mt . Moriah Cemetery
23d. LOCATION (City, town, or county) (State): 8 Miles S.E.Tipton,Mo		
24. FUNERAL DIRECTOR: Jennie E. Richards	ADDRESS: TIPTON-MO	25. DATE RECD. BY LOCAL REG.: 6-1-58
26. REGISTRAR'S SIGNATURE: Helen L Popyay		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Jeneee E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton Mo

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.