

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021969

FILED VS MAY 16 1960

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Marshall	Length of stay in 1b 39 years	c. CITY OR TOWN Marshall	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 East Eastwood St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 574 West Arrow Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clemence Middle Lafayette Last Gress			4. DATE OF DEATH Month May Day 7th Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Lasting Dept.	10b. KIND OF BUSINESS OR INDUSTRY Shoe factory	11. BIRTHPLACE (City and state or country) Eldon Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Michael Gress	13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Flosser	14. NAME OF HUSBAND OR WIFE Mrs Stella J. Gress
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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. 487-09-7334	17. INFORMANT 574 West Arrow St. Mrs Stella Gress, Marshall Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) _____	_____	Instant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	Instant.
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marshall	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from May 7, 1960 last saw her alive on May 7, 1960
 Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>B. Hayschuld m</i>	(Degree or title)	22b. ADDRESS <i>Marshall Mo</i>	22c. DATE SIGNED <i>May 9</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-II-1960	23c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	23d. LOCATION (City, town, or county) Marshall Missouri
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24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-9-60	26. REGISTRAR'S SIGNATURE <i>Cecil Y. Read</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

