

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046092

FILED VS. DEC 30 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 6190

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 37 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1535 E. 50th Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) HARRY W. GROSS, SR.	4. DATE OF DEATH Month December Day 6 Year 1960
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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 9/3/1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Arbitrator	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Paris, Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Daniel Gross	13b. MOTHER'S MAIDEN NAME Martha Baker	14. NAME OF HUSBAND OR WIFE Nellie A. Gross
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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) Yes Spanish American	16. SOCIAL SECURITY NO. None	17. INFORMANT Nellie A. Gross, 1535 E. 50th Terr.	Address K.C., 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) Hypostatic-Aspiration-Bronchopneumonia		2 days
DUE TO (b) Partial Bulbar Paralysis		3 Months
DUE TO (c) Cerebral Arteriosclerosis		3 years
Arteriosclerotic heart disease		15 years
DUE TO (c) Laennec's cirrhosis of liver		?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Staghorn Calculus right kidney with hydronephrosis	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 checked="" type="checkbox"/> NO <input 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.)
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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 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 _____
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21. I attended the deceased from 1956 to Dec. 7, 1960 and last saw him alive on Dec. 6, 1960
Death occurred at 12:15 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Philip G. Kaul</i>	(Degree or title)	22b. ADDRESS 175 Plaza Time Bldg 411 Nichols Road. K.C. Mo.	22c. DATE SIGNED 12/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 12/9/1960	23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 12.9.60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
Philip G. Kaul

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John Quest*

Licensed Embalmer No. 4096

P. O. Address K.C. 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.