

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022533

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 36

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 5 1962	
1. PLACE OF DEATH	
a. COUNTY Gasconade	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Drake	a. STATE Missouri b. COUNTY Gasconade
Length of stay in lb 58 yrs.	c. CITY OR TOWN Owensville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First Louisa (Lulu)	Middle Cecelia
Last Gross	4. DATE OF DEATH Month June Day 26, Year 1962
5. SEX female	6. COLOR OR RACE white
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-20-1878
9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 83 Days 83 Hours 83 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel Sutter	13b. MOTHER'S MAIDEN NAME Louisa Boeger
14. NAME OF HUSBAND OR WIFE Charles Gross	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. none	17. INFORMANT LeRoy Gross - Owensville, Mo. Rt. 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebrovascular Accident	
DUE TO (b) Cerebral Arteriosclerosis	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Coronary Artery Disease	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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	
21. I attended the deceased from 6/6/62 9:45 P. to 6/26/62 and last saw him alive on 6/11/62 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) James J. Shea M.D.	22b. ADDRESS Laura Mo
22c. DATE SIGNED 6/26/62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29-1962
23c. NAME OF CEMETERY OR CREMATORY Zoar Methodist Cem.	23d. LOCATION (City, town, or county) near Drake, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.	25. DATE RECD. BY LOCAL REG. 6-27-62
26. REGISTRAR'S SIGNATURE Delma Uffelmann	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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9331X

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USE BLACK INK OR TYPEWRITER RIBBON

JUL 5 1962

SEP 20 1962

NOV 21 1962

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 Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quensville 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.