

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15000

State File No. _____

FILED JUN 6 1955

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Tipton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 days		e. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eliant b. (Middle) Roy c. (Last) Gross	4. DATE OF DEATH (Month) (Day) (Year) June 1 1955
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH JAN 15 1942	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 4 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School	10b. KIND OF BUSINESS OR INDUSTRY Student	11. BIRTHPLACE (City and State or Foreign Country) Clarksburg, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George F Gross	13b. MOTHER'S MAIDEN NAME Myrtle I Suggs	14. NAME OF HUSBAND OR WIFE _____
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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. None	17. INFORMANT'S SIGNATURE OR NAME George F Gross	ADDRESS Tipton, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock Due To Trauma		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES DUE TO (b) Fractured Pelvis		3 day
	II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) Crushing of Pelvis E9121 3		3 Day
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sydney 068 Morgan MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 1955 1P m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? TRACTOR TURNED OVER

22. I hereby certify that I attended the deceased from 5/30, 1955, to 6-1, 1955, that I last saw the deceased alive on 6-1, 1955, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marshall W Kelly MD	23b. ADDRESS Jefferson City Mo.	23c. DATE SIGNED 6-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3 1955	24c. NAME OF CEMETERY OR CREMATORY Mt Moritz Cemetery	24d. LOCATION (City, town, or county) (State) Tipton, Moniteau Co. MO
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DATE REC'D BY LOCAL REG. June 3-1955	REGISTRAR'S SIGNATURE R.P. Davis MD	25. FUNERAL DIRECTOR'S SIGNATURE Wm E. Richardson Tipton	ADDRESS: _____
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(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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: *James E. Richardson*

✓ Licensed Embalmer No. *246*

P. O. Address *Leptol*

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.