

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020007

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4498 Primary Registration District No. 6024 Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 29 1962

Best Copy

VS 300
Rev. 4/59

10840
20840

3
4 1
5 0
6
7 0
8 2
9 298
10 42
11 839
12 91-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmira		Length of stay in 1b 2 Yr.		c. CITY OR TOWN Elmira	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 Mile N.E. of Elmira		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) First Middle Last Katherine Elaine Ross		4. DATE OF DEATH Month Day Year May 21, 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1951	9. AGE (last birthday) 10	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Ross		13b. MOTHER'S MAIDEN NAME Dorothy Frances Tully	
14. NAME OF HUSBAND OR WIFE None		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 Elizabeth Ross, Kansas City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning DUE TO (b) Due to accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard S. No</i>		(Degree or title)		22b. ADDRESS <i>Richard S. No</i>	
22c. DATE SIGNED 5-23-62					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-24-62		23c. NAME OF CEMETERY OR CREMATORY Elmira Cemetery	
23d. LOCATION (City, town, or county) Elmira, Mo.		23e. STATE Mo.			
24. FUNERAL DIRECTOR Jarman Funeral Home, Lawson, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-26-1962	
26. REGISTRAR'S SIGNATURE <i>Maluel Jackson</i>					

USE BLACK INK OR TYPEWRITER RIBBON

JUN 4 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

Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address Geekia Springs, 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.