

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26756**

FILED AUG 30 1949

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4212** Registrar's No. **191**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blaineville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blaineville	
c. LENGTH OF STAY (in this place) 2 yr.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Mitchell		b. (Middle) Oscar	
c. (Last) Ross		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 20 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH JAN. 21 73
9. AGE (In years) (last birthday) 76	10. MONTHS 6	11. DAYS 29	12. HOURS 12 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Henry Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton W. Ross		13b. MOTHER'S MAIDEN NAME Elizabeth Coates	
14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Blaineville		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Sarah Elizabeth Ross ADDRESS Blaineville Mo.	
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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac hypertrophy and dilatation			
DUE TO (c) Hypertension			
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anasarca		4343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/24, 1948 , to 8/20, 1949 , that I last saw the deceased alive on 7/31, 1949 , and that death occurred at 7:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. C. Peeler M.D.		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 8/27/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-22-49	
24c. NAME OF CEMETERY OR CREMATORY Cassville Cemetery		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. Aug 22 49		REGISTRAR'S SIGNATURE Florence Adair ADDRESS 422	
25. FUNERAL DIRECTOR'S SIGNATURE Florence Adair		ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 7-69-1021

Date Filed 8-29-49

SEP 2 1949

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 _____
Student Embalmer

Signed Fredrick W. King

Licensed Embalmer No. 4510

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.