

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41545**

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

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 192	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon mo		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		53	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Nursing Home				d. STREET ADDRESS (If rural, give location) 433 S. Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) OTILLA		b. (Middle) B		c. (Last) ROSS		4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 22, 1878	
9. AGE (In years Last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY /		11. BIRTHPLACE (State or foreign country) Guthrie Co. Iowa	
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME F. L. Nokes		13b. MOTHER'S MAIDEN NAME Elizabeth Melba		14. NAME OF HUSBAND OR WIFE J. W. Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John Ross		ADDRESS Morgan 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart dis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 15 yrs. 44 3/4	
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 bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Dec. 10, 1949 , to Dec. 13, 1949 , that I last saw the deceased alive on Dec. 12, 1949 , and that death occurred at 12:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. B. Hurst, M.D.				23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 12-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/16/49		24c. NAME OF CEMETERY OR CREMATORY New Hope Hall		24d. LOCATION (City, town, or county) (State) Hall Co. Mo	
DATE REC'D BY LOCAL REG. 12-15-1949		REGISTRAR'S SIGNATURE Willa S. Way		25. FUNERAL DIRECTOR'S SIGNATURE Palmer		ADDRESS Lebanon Mo	

DEC 17 1949

Received

Laclede County Health Unit

File No.

12-49-176

Date Filed

DEC 19 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. 343

working under my personal supervision.

Student *J.P. Palmer*
Student Embalmer

Signed *Emmett E. Everett*

Licensed Embalmer No. 4748

P. O. Address *Lebanon, 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.