

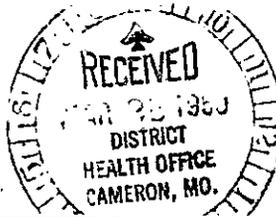
FILED MAR 30 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **8408**

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>5495</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trailcreek</u>			c. LENGTH OF STAY (in this place) <u>70 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trailcreek</u>			<u>0410</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>5 1/2 miles south of Cainsville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Evaline</u>		c. (Last) <u>Ross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 6 1863</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Sesna</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Goins</u>		14. NAME OF HUSBAND OR WIFE <u>W. S. Ross Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley Ross Ridgeway Mo</u>			
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) <u>Pericarditis, chronic,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 yrs,</u> <u>416X</u>	
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) (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 <u>Jan.</u> , 19 <u>44</u> , to <u>Mar. 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>50</u> , and that death occurred at <u>3:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. Sellers, M. D.</u>				23b. ADDRESS <u>Mt. Moriah, Mo.</u>		23c. DATE SIGNED <u>Mar. 16, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trailcreek Twp Harrison Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 20-1950</u>		REGISTRAR'S SIGNATURE <u>S. Ph. Shaw 1170</u>		25. EMBALMER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Eddie J. Stoklasa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.