

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12363

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Wrich</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wrich 0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dewey</u> b. (Middle) <u>Dade</u> c. (Last) <u>Ross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 12 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (In years) (last birthday) <u>54</u> if UNDER 1 YEAR: Months <u>3</u> Days <u>26</u> if UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (State or foreign country) <u>Creighton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James D Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Mae Holman</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Ross</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>456-09-1213</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mabel Ross - Wrich, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420</u>	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>Feb 20</u> , 1951, to <u>May 8</u> , 1951, that I last saw the deceased alive on <u>April 20</u> , 1951, and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mabel H. Haskell</u> (Degree or title)		23b. ADDRESS <u>Creighton, Mo.</u>	23c. DATE SIGNED <u>5-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wrich Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Wrich, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hobert Arnold - Creighton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 10 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

420
1

RECEIVED 5-14-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-14-51

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creston 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.