

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12763

9440  
2

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

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 174			
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Dunklin	
b. CITY OR TOWN Farmington		c. LENGTH OF STAY (in this place) 7 das.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		0359			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4				d. STREET ADDRESS (If rural, give location) 703 East Washington				1	
3. NAME OF DECEASED (Type or Print) EDDIE		a. (First)		b. (Middle) M.		c. (Last) ROSS		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 12, 1877		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber salesman (retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Ross			13b. MOTHER'S MAIDEN NAME Sarah (Unknown)			14. NAME OF HUSBAND OR WIFE Myrtle Sailors			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia				II. OTHER SIGNIFICANT CONDITIONS Drug addiction (pantapon) - - - - -				Abt. 1 wk	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease with congestive heart failure - - - - -				At least 2 mos.	
				DUE TO (c)				Abt. 8 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		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 May 2, 19 51 to May 9, 19 51, that I last saw the deceased alive on May 9, 19 51, and that death occurred at 8:30 P.M. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED No. 5-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-12-51		24c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Missouri			
DATE REC'D BY LOCAL REG. May 10, 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lentz Furniture Co., Kennett, Mo.					

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

MAY 14 1951

RECEIVED

MAY 29 1951

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*A. Cozian*

Licensed Embalmer No. 4084

P. O. Address Strawington, Va

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.