

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 40

36140

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN RURAL</u>		c. LENGTH OF STAY (In this place) <u>2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN RURAL</u>		1050					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Polk Turk</u>				d. STREET ADDRESS (If rural, give location) <u>Polk Turk.</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARTHA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>ROSS</u>				
4. DATE OF DEATH			(Month) <u>OCT</u>		(Day) <u>2</u>		(Year) <u>1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB 8 1870</u>		9. AGE (In years last birthday) <u>81</u>			
IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR			
Months		Days		Hours		Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>JAMES BOTTS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ANN WARREN</u>			14. NAME OF HUSBAND OR WIFE <u>THOMAS N ROSS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MAUDE WILLIS MILAN</u>				ADDRESS		
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) <u>Senility</u>						<u>2 YRS</u>	
				ANTECEDENT CAUSES							
				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.							
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) <u>POLK</u>		(COUNTY) <u>SULLIVAN</u>		(STATE) <u>MO</u>	
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 <u>Sept 25, 1951</u> , to <u>Oct 2, 1951</u> , that I last saw the deceased alive on <u>Oct 2, 1951</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Ed. Simpson</u>						23b. ADDRESS <u>Milan</u>			23c. DATE SIGNED <u>10-3-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Banquetown</u>		24d. LOCATION (City, town, or county) <u>Milan (Rural)</u>		(State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>Oct 10 - 1951</u>			REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Digger</u>			ADDRESS <u>Milans</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 15 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1840  
Date Filed: OCT 15 1951

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.

Signed.....  
Student Embalmer

Signed: *Harold C. Beggs*

Licensed Embalmer No. 3792

P. O. Address *Melrose*

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.