

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **305**
96
Registrar's No.

FILED FEB 4 1952

REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan 0117			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (In this place) 2 14-99-26 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ornick 0890		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			d. STREET ADDRESS (If rural, give location) Rural 1		
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) LEE c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 7 1878		9. AGE (In years last birthday) 73 if UNDER 1 YEAR: Months 11 Days 16 if UNDER 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner		10b. KIND OF BUSINESS OR INDUSTRY coal	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Thomas Ross		13b. MOTHER'S MAIDEN NAME Eliza Ann Frazer		14. NAME OF HUSBAND OR WIFE Minnie Belle Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Walter Ross, Ornick 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **Jan 1, 1951**, to **Jan 23, 1952**, that I last saw the deceased alive on **Jan 23, 1952**, and that death occurred at **10:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Forrest Thomas M.D.		23b. ADDRESS No Joseph Mo of State Hosp no 2		23c. DATE SIGNED 1/23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan. 24, 1952	24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Sons K.C. MO	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Jan 28, 1952	REGISTRAR'S SIGNATURE Carl E. Casler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meinhoffer, St. Joseph, Mo.		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Raymond W. Marchand*

Licensed Embalmer No. *4413*

P. O. Address *Joseph, 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.