

FILED JAN 16 1952

STANDARD CERTIFICATE OF DEATH

State File No. 700

BIRTH NO.		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville			c. LENGTH OF STAY (in this place) Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.				d. STREET ADDRESS (If rural, give location) 814 11th. St.			
3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) Hall		c. (Last) Ross		4. DATE OF DEATH (Month) (Day) (Year) January 7 1952	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH October 28 1869 82	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alphred Hall		13b. MOTHER'S MAIDEN NAME Mary ???		14. NAME OF HUSBAND OR WIFE Joe Ross.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Gensler, Boonville, 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) Cerebral hemorrhages. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Confined to bed - lost vision left hemiplegia + loss of speech				INTERVAL BETWEEN ONSET AND DEATH 2 years 2 mos over 4 years 2 years	
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) Boonville			
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 July 21, 1949, to Jan. 7, 1952 that I last saw the deceased alive on Jan 6, 1952, and that death occurred at 2:45 P. m., from the causes and on the date stated above.							
23a. SIGNATURE W.E. Stone (Degree or title) M.D.				23b. ADDRESS Boonville		23c. DATE SIGNED Jan 9, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10 1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 1-10-52		REGISTRAR'S SIGNATURE [Signature] 38h		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

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

2272

0272

RECEIVED JAN 16 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed JAN 16 1952

MAR 26 1952

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. 433

working under my personal supervision.

Student F. William Kasemann
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.