No. 300
10.48

1240

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

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19859

State File No.

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 0292 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Platte Township
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 5 miles North East of Smithville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay 0240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Platte Township 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): B.
c. (Last): Ross

4. DATE OF DEATH (Month) (Day) (Year): June 17 1952

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 17, 1879
9. AGE (In years last birthday): 72 — If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Boiler Inspector
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew B. Ross
13b. MOTHER'S MAIDEN NAME: Martha Gentry
14. NAME OF HUSBAND OR WIFE: Lila A. Dougal Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): YES — (If yes, give war or dates of service): SPANISH AMERICAN
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lila A. Ross — ADDRESS: Smithville, Mo. RFD

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Several vascular thromboses — Interval between onset and death: 1 hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease — 10 yrs.

DUE TO (c) Arteriosclerosis, general — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchiectasis and pulmonary fibrosis — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4-200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-51, *19*__, *to* 6-17-52, *19*__, *that I last saw the deceased alive on* 6-14-52, *19*__, *and that death occurred at* 6:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D., O
23b. ADDRESS: Smithville, Missouri
23c. DATE SIGNED: 6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-52
24c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
24d. LOCATION (City, town, or county) (State): Clay County Missouri

DATE REC'D BY LOCAL REG.: 6-19-1952
REGISTRAR'S SIGNATURE: Beulah Fitchen 63
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McComas Funeral Home Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missou

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.