

5. No. 300  
10. 48

OCT 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32128

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 138

1. PLACE OF DEATH  
a. COUNTY Laclede  
b. CITY OR TOWN Lebanon  
c. LENGTH OF STAY (in this place) 3 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri COUNTY Laclede  
c. CITY OR TOWN Morgan Rural 0530  
d. STREET ADDRESS (If rural, give location) Rural Route 0

3. NAME OF DECEASED  
a. (First) Thomas James b. (Middle) \_\_\_\_\_ c. (Last) Ross  
4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1952

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Jan. 29, 1903 9. AGE (In years last birthday) 49 9. UNDER 1 YEAR Months 9 Days 29 9. UNDER 1 Wk. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer + minister 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Oklahoma 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas W. Ross 13b. MOTHER'S MAIDEN NAME Ottlie Nokes 14. NAME OF HUSBAND OR WIFE Mable Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 499-07-9733 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mable Ross Morgan ADDRESS \_\_\_\_\_

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Traumatic anuria  
INTERVAL BETWEEN ONSET AND DEATH 3 days  
ANTECEDENT CAUSES  
DUE TO (b) Spinal cord injury 3 days  
DUE TO (c) Fracture 1st lumbar vertebra 3 days  
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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MORGAN LACLEDE MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-25-52 12:30 P.M. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Fell from tractor + broke back.

22. I hereby certify that I attended the deceased from 9-25-1952 to 9-28-1952, that I last saw the deceased alive on 9-28-1952, and that death occurred at 5: P. m., from the causes and on the date stated above.

23a. SIGNATURE B. B. Hurst, M.D. (Degree or title) 23b. ADDRESS Lebanon, Mo. 23c. DATE SIGNED 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/30/52 24c. NAME OF CEMETERY OR CREMATORY Washington Cemetery near Lebanon, Mo. 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. 10-3-1952 REGISTRAR'S SIGNATURE Hella L. May 25. FUNERAL DIRECTOR'S SIGNATURE W. E. Holman ADDRESS Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

532

OCT 16 1952

OCT 4 1952

Received .....

Laclede County Health Unit

File No. 10-52-129 .....

Date Filed OCT 7 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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed .....  
Student Embalmer

Signed *Dorsey M. Howe* .....

Licensed Embalmer No. 4222 .....

P. O. Address *Lebanon, 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.