

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43461**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. LENGTH OF STAY (in this place) <u>15 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Montserrat Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			d. STREET ADDRESS (If rural, give location) <u>R.R. No. 3 Warrensburg</u> <u>0510</u>		
3. NAME OF DECEASED a. (First) <u>James William</u> b. (Middle) _____ c. (Last) <u>Ross,</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1953</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>	8. DATE OF BIRTH <u>Sept. 12, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson, County, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Harvey C. Ross,</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Gowins,</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Ross,</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-16-1560</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emory Dillingham, Warrensburg, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure, Acute,</u>		<u>2 Hrs.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Empyema, Bilateral,</u>		<u>3 Weeks</u>

DUE TO (c) <u>Empyema of Gallblader,</u>		<u>6 Weeks</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) <u>585X</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 Nov. 14, 1953, to Dec. 14, 1953, that I last saw the deceased alive on Dec. 14, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>12-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery, Warrensburg, Missouri</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>Dec. 22, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Warrensburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0512

FILED JAN 4 1954

JAN 8 1955

JUL 8 1954

JUL 6 1954

RECEIVED  
DEC 29 1953  
JOHNSON COUNTY HEALTH DEPT.

JAN 12 1954

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 RA Banning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.