

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2137

State File No.

FILED FEB 8 1954 REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morgan Township</u>		c. CITY OR TOWN <u>Versailles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>3 M. South Versailles, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 M. South Versailles</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Melvin</u>	b. (Middle) <u>---</u>	c. (Last) <u>Ross</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1954</u>
-------------------------------------	--------------------------	------------------------	-----------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 9, 1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mercantile</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Story Co., Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Ross</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Ward Versailles, Mo.</u>
--	-------------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Gangrene</u>		<u>3 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>		<u>Unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	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)
--	--	---

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 Dec. 19, 1953, to Jan. 22, 1954, that I last saw the deceased alive on Jan. 22, 1954, and that death occurred at 6:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Lyle, M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>1-22-54</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>23 Jan. 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ontario Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ontario, Iowa</u>
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-23-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Versailles, Mo.</u>
---	--	---

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.....
Signature of Student Embalmer

Signed... *Raymond C. Forster*

Licensed Embalmer No. *462*

P. O. Address *Verona*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.