

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16458

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 56

| | | | |
|--|---|---|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u> <u>0513</u> | |
| c. LENGTH OF STAY (in this place) <u>72yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>554, E. Gay. St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Nurse Home, 554 E. Gay</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Ross.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May, 17, 1954</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>July, 2, 1866</u> |
| 9. AGE (In years last birthday) <u>87</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Lewellville, Ohio.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>Henry Boland</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Daub.</u> | 14. NAME OF HUSBAND OR WIFE <u>Lewis T. 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Culp. Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u> | |
| 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) <u>4500</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>2-17-</u> , 1952, to <u>5-17-</u> , 1954, that I last saw the deceased alive on <u>5-17-</u> , 1954, and that death occurred at <u>Liberty</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Sweeney Phillips, M.D.</u> | | 23b. ADDRESS <u>Warrensburg, Mo.</u> | 23c. DATE SIGNED <u>5/19/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>19, May, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO</u> |
| DATE REC'D BY LOCAL REG. <u>May 20, 1954</u> | REGISTRAR'S SIGNATURE <u>Savannah C. Phillips</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips. Warrensburg, MO</u> | |

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

RECEIVED
MAY 24 1954
JOHNSON COUNTY HEALTH DEPT.

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

R. Q. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

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.