No. 300
10.48

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17006

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 105

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

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (in this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN: St Charles
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 513 South Benton 0923

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

4. DATE OF DEATH (Month) (Day) (Year): May 14 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 9 1911
9. AGE (In years last birthday): 42 — 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): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and State or Foreign Country): Wentzville Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Ross
13b. MOTHER'S MAIDEN NAME: Elizabeth Hunzel
14. NAME OF HUSBAND OR WIFE: Edna Browning Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-05-5779
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Edna Ross 513 So. Benton

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary ~~Sclerosis~~ Embolism — 11 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 4201
20. AUTOPSY? YES [X] 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* May 3, 1954, *to* May 14, 1954, *that I last saw the deceased alive on* May 14, 1954, *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L. Randall M.D.
23b. ADDRESS: 207 N. 5th St. Charles Mo.
23c. DATE SIGNED: May 15, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17 1954
24c. NAME OF CEMETERY OR CREMATORY: St Peters
24d. LOCATION (City, town, or county) (State): St Charles Mo.

DATE REC'D BY LOCAL REG.: May 16 1954
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur C. Dane St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Arthur C. Bane.....

Licensed Embalmer No..314

P. O. Address..St Chris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.