

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Supervisor 22604
State File No. _____

FILED JUL 29 1954

BIRTH NO. 24024-54 REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>BETTER DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. ^{ad. (Age)}) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARKTON</u>	
c. LENGTH OF STAY (In this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAROLYN</u>	b. (Middle) <u>GAIL</u>	c. (Last) <u>ROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>4-19-1954</u>	9. AGE (In years last birthday) <u>2</u>	10. UNDER 1 YEAR Days <u>22</u>	11. BIRTHPLACE (State or foreign country) <u>Gideon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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>					

13a. FATHER'S NAME <u>ALBERT E. ROSS</u>	13b. MOTHER'S MAIDEN NAME <u>Smith</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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 <u>Julia Smith, Clarkton, Mo.</u>	ADDRESS <u>Clarkton, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute meningitis (Purulent)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>meningoence</u>		
	DUE TO (c)		
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 15, 1954, to July 11, 1954, that I last saw the deceased alive on 7-10-54, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Dopkin</u> (Degree or title)	23b. ADDRESS <u>Residence</u>	23c. DATE SIGNED <u>7/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lead Cemetery near Halesburg, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>7-12-54</u>	REGISTRAR'S SIGNATURE <u>Marquette George</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lead Funeral Chapel, Clarkton, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 7-28

COUNTY FILE NUMBER 758-

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
Student Embalmer

Signed Leroy J Tyler

Licensed Embalmer No. 49417

P. O. Address Piggott A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.