

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8508

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5275</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Washington</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Hickman Mills</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7110 East 104th</u>				e. STREET ADDRESS (If rural, give location) <u>7108 East 104th</u> <u>7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ross</u> b. (Middle) <u>O'Dell</u> c. (Last) <u>DeWeese</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, MARRIED DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-4-12</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder & Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Residential Const.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wamego, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ross O. De Weese</u>		13b. MOTHER'S MAIDEN NAME <u>Glessie Toliver</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Josephine DeWeese</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>495-03-0793</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna J. DeWeese, Hickman Mills, 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>Death by hanging</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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>E974X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson</u> <u>Jac.</u> <u>Mo.</u>			
21d. TIME OF INJURY <u>3-18-55 5:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidently hung himself</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. C. S. ...</u>				23b. ADDRESS <u>667 ...</u>		23c. DATE SIGNED <u>3-19-55</u>	
24a. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beltton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Beltton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-55</u>		REGISTRAR'S SIGNATURE <u>Arthur E. Goddard</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Berger Sons Inc Grandview Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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APR 25 1924

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.....
Stephen E. Goodard

Licensed Embalmer No. 491

P. O. Address *Grandview*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.