

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12132

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1307

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>8 mo.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		STREET ADDRESS (If rural, give location) <b>319 E. 9</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>A.</b> c. (Last) <b>Ross</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 18 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-21-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Tensioner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Polk, Ia.</b>
13a. FATHER'S NAME <b>Andrew Ross</b>		13b. MOTHER'S MAIDEN NAME <b>Julia "Unt."</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Ross</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Record Clerk: R.C. Gen. Hosp. #1</b>
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) <b>Generalized peritonitis</b>  ANTECEDENT CAUSES DUE TO (b) <b>post operative gastrectomy</b> <b>with post operative evisceration perforation of gastro jejunum due to bleeding peptic ulcer.</b> DUE TO (c) <b>5400</b> 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	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb. 20, 1955</b> , to <b>March 18, 1955</b> , that I last saw the deceased alive on <b>March 18, 1955</b> , and that death occurred at <b>10:50 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)		23b. ADDRESS <b>21th &amp; Cherry</b>	
23c. DATE SIGNED <b>3-21-55</b>		24. LOCATION (City, town, or county) (State) <b>Kansas City, Kan.</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>3-22-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>W.H. Calvery</b>		24d. NAME OF FUNERAL DIRECTOR'S SIGNATURE <b>D.E. Weickert</b>	
DATE REC'D BY LOCAL REG. <b>3-23-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	
24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <b>D.E. Weickert</b>		ADDRESS <b>R.C. #1</b>	

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..... *B. E. Wiley*

Licensed Embalmer No..... *79*

P. O. Address..... *K.C.S.*

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.