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

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23198**

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5962		Registrar's No. 6668		
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Platte				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Marshall Twn.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Weston		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				f. STREET ADDRESS (If rural, give location) Marshall Twn. 0830				
3. NAME OF DECEASED a. (First) Ethel (Type or Print)			b. (Middle) Vern		c. (Last) Ross		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 25, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME John H. Huvendahl			13b. MOTHER'S MAIDEN NAME Lottie Huvendahl		14. NAME OF HUSBAND OR WIFE Carl O. Ross			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Collison Weston, Missouri				
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) 331x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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)				
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 1-3, 1950 , to July 30, 1955 , that I last saw the deceased alive on July 31, 1955 and that death occurred at 9:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joe Collison				23b. ADDRESS Weston, Mo.		23c. DATE SIGNED Aug. 1-55		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-2-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Weston, Platte, Mo.			
DATE REC'D BY LOCAL REG. Aug 1-55		REGISTRAR'S SIGNATURE Alpha Rollins 257-0		25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home		ADDRESS Weston, Mo.		

(Licensed Embalmer's Statement on Reverse Side)



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 *W. R. Vaughn*.....
Licensed Embalmer No. *402*

P. O. Address *Weston*

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