

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35963**

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY in this place 2 hrs	c. CITY OR TOWN Columbia, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		STREET ADDRESS (If rural, give location) 1421 Hickory Street	

3. NAME OF DECEASED (Type or Print) a. (First) Oda b. (Middle) May c. (Last) Ross	4. DATE OF DEATH (Month) (Day) (Year) 11 20 55					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 18, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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) Phillips County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Andrew Delancy	13b. MOTHER'S MAIDEN NAME Lydia Drolabrough	14. NAME OF HUSBAND OR WIFE Joseph E. Ross (dec)
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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) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sterling Kelly	ADDRESS Columbia, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mo 4 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with congestive failure Hypertension, essential DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **May 16, 1951**, to **Nov 20, 1955**, that I last saw the deceased alive on **Nov 10, 1955**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James D. Allen	(Degree or title) MD	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 11-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-23-55	24c. NAME OF CEMETERY OR CREMATORY Hooker Cemetery	24d. LOCATION (City, town, or county) (State) Hooker, Missouri
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DATE REC'D BY LOCAL REG. Nov 23 1955	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE James D. Allen	ADDRESS Memorial Funeral Home Columbia, Mo.
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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 *Lynman H. Spunkle*

Licensed Embalmer No. *401*

P. O. Address *Columbia*

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.