

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41211

State File No.

FILED JAN 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. <u>99</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Bogard</u>		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 <u>Kelling Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>0111</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>Nelson</u>		c. (Last) <u>Ross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 9, 1870</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR: Months <u>—</u> Days <u>22</u> IF UNDER 24 HRS.: Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill operator</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Mercer Co, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George H. Ross</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Sopher</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Ross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Millard Ross, Bogard, MO</u> ADDRESS <u>1561</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca. of Liver</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. <u>1561</u>						INTERVAL BETWEEN ONSET AND DEATH <u>26 days</u>	
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 <u>Dec 5, 1955</u> to <u>Dec 31, 1955</u> , that I last saw the deceased alive on <u>Dec 31, 1955</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jordan Kelling M.D.</u>				23b. ADDRESS <u>Waverly, MO</u>			23c. DATE SIGNED <u>1/2/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-2-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard, MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 8 - 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson</u>		ADDRESS <u>Bogard, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *P. M. Masda*

Licensed Embalmer No. *2426*

P. O. Address *Peru, Pa.*

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.