

FILED MAR 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4313

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY OR TOWN Washington.	
c. LENGTH OF STAY (in this place) 5 days.		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 St. Francis Hospital.		e. STREET ADDRESS (If rural, give location) #7 E. 5th St. 0360	

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle) Powell	c. (Last) Ross	4. DATE OF DEATH (Month) (Day) (Year) Mar. 7th, 1956.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27th, 1874.	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 2	11. UNDER 10 HRS. Days 10	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Contractor	10b. KIND OF BUSINESS OR INDUSTRY Retired.	11. BIRTHPLACE (City and State or Foreign Country) Labadie, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George H. Ross,	13b. MOTHER'S MAIDEN NAME Alberta Powell.	14. NAME OF HUSBAND OR WIFE Mary J. Ross.
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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. X	16. SOCIAL SECURITY NO. 487-38-1974	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Wendall	ADDRESS Washington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis		
	DUE TO (c) Chl. Nephritis		8 years
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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-1, 1956, to 3-7, 1956, that I last saw the deceased alive on 3-6, 1956, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Munch (Degree or title) M.D.	23b. ADDRESS Washington Mo.	23c. DATE SIGNED 3-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE Mar. 10, 1956.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 3/9/56	REGISTRAR'S SIGNATURE J. J. Munch	99-0	FUNERAL DIRECTOR'S SIGNATURE Wieburg + Pitt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1956

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 *Jerome F. Gooden* .....  
Licensed Embalmer No. *450* .....

P. O. Address *Washington* .....

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.