

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11990**BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Saline	
b. CITY OR TOWN Marshall		c. CITY OR TOWN Malta Bend		c. LENGTH OF STAY (in this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital		e. STREET ADDRESS (If rural, give location) Streets not numbered			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Victor c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) March 21st. 1956		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 12th, 1868		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 2 Days 9		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Carpenter			11. BIRTHPLACE (City and State or Foreign Country) Lafayette County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME William Ross		13b. MOTHER'S MAIDEN NAME Margaret Coleman		14. NAME OF HUSBAND OR WIFE Cora Mae Pollard 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		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albert Ross, Malta Bend, Missouri		ADDRESS Malta Bend, Missouri	
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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, 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						INTERVAL BETWEEN ONSET AND DEATH	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3-18**, 1956, to **3-21**, 1956, that I last saw the deceased alive on **3-21**, 1956, and that death occurred at **9-45A m.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Reid		(Name or title) MD		23b. ADDRESS Marshall, Mo		23c. DATE SIGNED 3-21-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 23, 1956		24c. NAME OF CEMETERY OR CREMATORY Little Grove cemetery, Saline County, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 3-22-56		REGISTRAR'S SIGNATURE Cecil G. Reed, Deputy		FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS MARSHALL, Mo.	
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(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 *James H. Lewis Jr.*.....
Licensed Embalmer No. *47*.....
P. O. Address *Marsha*.....

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