

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16020

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 497 Registrar's No. 52

| | | | | | |
|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Gentry</u> c. CITY OR TOWN <u>Stanberry</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Stanberry</u>) | | c. LENGTH OF STAY (in this place) <u>5 yrs.</u> | c. CITY OR TOWN <u>Stanberry</u> | | 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 <u>Harmony Hill Rest haven</u> | | | e. STREET ADDRESS (If rural, give location) <u>N. Alanthus Ave.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Callie D.</u> b. (Middle) <u>Ross</u> c. (Last) <u>Ross</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1956</u> | | 5. SEX <u>Female</u> | |
| 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Dec. 28 1865</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>John J. Gunter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Polk</u> | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Marion Ross Stanberry, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vasculer disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>unknown</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Recent hip fracture left</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent Cerebro Vasculer accident</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>- 2 week</u> <u>- 1 wk.</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 331X F |
| 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>6-25, 1955</u> , to <u>5-14, 1956</u> , that I last saw the deceased alive on <u>5-15, 1956</u> , and that death occurred at <u>5:45a</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Albert L. Barlow M.D.</u> | | 23b. ADDRESS <u>Stanberry, Mo</u> | | 23c. DATE SIGNED <u>5-17-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>5/16/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u> | 24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>May 17-1956</u> | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tate H. Phillips Stanberry</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.482
0

770

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..... *L. A. Miller*

Licensed Embalmer No. *189*

P. O. Address *St. Louis*

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.