

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 6 - 1956

No. 300

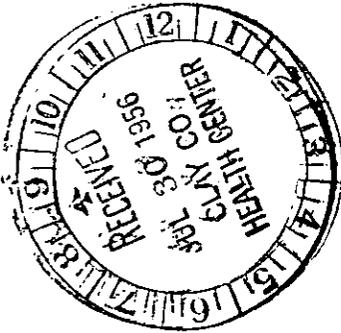
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BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>66</u>			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Gashland</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>SMITHVILLE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>58 Old Pike Rd</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>AVORIL</u> b. (Middle) <u>ELAINE</u> c. (Last) <u>ROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1956</u>						
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 26 - 1918</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Ralph L. Patterson</u>		13b. MOTHER'S MAIDEN NAME <u>IRMA DUFF</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond L. Ross</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>513-20-4775</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond L. Ross, Gashland, Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Yellow Atrophy of Liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> 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					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. PLACE OF INJURY (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>10-4</u> , 19 <u>56</u> , to <u>7-23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>56</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Weldon L. Spontoner MD</u>				23b. ADDRESS <u>Gashland Mo</u>			23c. DATE SIGNED <u>7-24-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Logan, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>7-26-56</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomers, No. Kansas City, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 14 1956

OCT 16 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.....
Licensed Embalmer No. 494
P. O. Address.....

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.