

Health, Welfare, Public Service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mill Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer Co. Rest Home			Length of stay in lbs 2 wks		d. STREET ADDRESS (If outside, give location) Mill Grove, Mo
3. NAME OF DECEASED (Type or print) First William Middle C. Last Ross			4. DATE OF DEATH Month Jan Day 8 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-23-1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 68 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Ross			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs Claudie Ross Mill Grove, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Bronchial Pneumonia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 5 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 8:30 Month, Day, Year 12-30-56 a. m. a. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-30-56 to 1-8-57 and last saw him alive on 1-8-57 Death occurred at 8:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. M. Perry MD (Degree or title)			22b. ADDRESS Princeton, Mo		22c. DATE SIGNED 1-9-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-10-57	23c. NAME OF CEMETERY OR CREMATORY Union		23d. LOCATION (City, town, or county) (State) Mercer Co., Mo
24. FUNERAL DIRECTOR ADDRESS Noel Moss Princeton, Mo		25. DATE RECD. BY LOCAL REG. 1-9-57		26. REGISTRAR'S SIGNATURE Hal Moss	

(Licensed Embalmer's Statement on Reverse Side)

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