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FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12051
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Butler — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 509 Clark St — Length of stay in lb 1 weeek

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City 8150 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1217 Osage — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Margaret Middle Ann Last Ross

4. DATE OF DEATH Month Apr Day 18 Year 1957

5. SEX female
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH June 14 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Sumner Co Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Fleming
13b. MOTHER'S MAIDEN NAME ----------
14. NAME OF HUSBAND OR WIFE Edmon G Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Geo B. Ross Address Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arterio-
DUE TO (c) Sclerosis — 5 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 April 16, to April 19 1957 and last saw her/him alive on April 19, 1957
Death occurred at 11:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carter W. Luter M.D.
22b. ADDRESS Butler Missouri
22c. DATE SIGNED 4/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/22/57
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.
25. DATE RECD. BY LOCAL REG. April 19 57
26. REGISTRAR'S SIGNATURE Kendall Kersey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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MAY 14 1957

NOV 28 1960

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler Mo.

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.