No. 300
10.48

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 State File No. 021636

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 44

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH
a. COUNTY: JEFFER SON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBPRD, MO.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CEDAR GROVE NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown
b. COUNTY: /
c. CITY OR TOWN: Unknown 0500 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): BOYD
c. (Last): ROSS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 13 1957

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: SEPT 18, 1881
9. AGE (In years last birthday): 75 — 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): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: ADVERTISING
11. BIRTHPLACE (City and State or Foreign Country): TENN. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: COLUMBUS L. ROSS
13b. MOTHER'S MAIDEN NAME: NANCY HELEN CRAWFORD
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A.B. ROSS, UNION CITY, TENN.

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) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PRIMARY - COLON
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: 153X
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH, 1956 *to* JUNE, 1957, *that I last saw the deceased alive on* JUNE 8, 1957, *and that death occurred at* 2:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Daake MD 0
23b. ADDRESS: 3606 Gravois St Louis Mo
23c. DATE SIGNED: 6-13-57

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 6-15-57
24c. NAME OF CEMETERY OR CREMATORY: East View
24d. LOCATION (City, town, or county) (State): Union City Tenn.

DATE REC'D BY LOCAL REG.: 6-18-57
REGISTRAR'S SIGNATURE: [signature] Mo. Alda Birardier Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Guelry R. Poletta
ADDRESS: Crystal City Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gurley L. Polit

Licensed Embalmer No. 348

P. O. Address Crystal C

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