

300
1-56

Health, Welfare, Public Service

32590

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 885 PRIMARY REGISTRATION DISTRICT NO. 3039 REGISTRAR'S NO. 270

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Linn

c. CITY OR TOWN Marceline

d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print)

First Hezekiah Middle Last Ross

4. DATE OF DEATH Month Day Year Sept. 15, 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Feb. 4, 1894 9. AGE (In years last birthday) 63 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) Farming 10b. KIND OF BUSINESS OR INDUSTRY own farm 11. BIRTHPLACE (City and state or country) Bucklin, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ross 14. MOTHER'S MAIDEN NAME Florence 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. 486-28-9451 17. INFORMANT Mrs. Bess Ross, Marceline, Missouri

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis & Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis 4201

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Erythromalacia

19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a. m. p. m.

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 1952 to 9-15-57 and last saw her/him alive on 1957. Death occurred at 9:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS Marceline, Mo 22c. DATE SIGNED 9-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 17, 1957 23c. NAME OF CEMETERY OR CREMATORY High Hill Cemetery 23d. LOCATION (City, town, or county) (State) Bucklin, Missouri

24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 9-17-57 26. REGISTRAR'S SIGNATURE Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Linn	a. STATE	Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Marceline	b. COUNTY	Linn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN	Marceline
Length of stay in lb		d. STREET ADDRESS (If outside, give location)	Reside on Form
3 yrs.			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Hezekiah Middle Last Ross			Month Day Year Sept. 15, 1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
male	white		Feb. 4, 1894
9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
63	Months Days	Hours Min.	
7	11		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
Farming		own farm	Bucklin, Missouri
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Ross		Florence Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
no		486-28-9451	Mrs. Bess Ross, Marceline, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			19. WAS AUTOPSY PERFORMED?
PART I. DEATH WAS CAUSED BY:			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IMMEDIATE CAUSE (a) Coronary Thrombosis & Infarction			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Atherosclerosis			
DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
Erythromalacia			
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 Month, Day, Year a. m. 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 1952 to 9-15-57 and last saw her/him alive on 1957. Death occurred at 9:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
<i>[Signature]</i>		Marceline, Mo	9-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Sept. 17, 1957	High Hill Cemetery	Bucklin, Missouri
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Larson Funeral Service, Bucklin, Mo.		9-17-57	Brookie Owens

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 71960

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 *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

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