

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32612**

FILED OCT 14 1957

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3040</b>		Registrar's No. <b>236</b>	
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>91 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		5920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chillicothe Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1210 Calhoun</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b>		b. (Middle) <b>Benton</b>		c. (Last) <b>Ross</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 25 57</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 23, 1866</b>	
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months Days		IF UNDER 10 YRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greensburg, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>Euphriam Cory</b>		13b. MOTHER'S MAIDEN NAME <b>Phebia Rybolt</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. John Slifer, Chillicothe, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung Primary</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr. myocarditis</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>162x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <b>8-31-57</b> to <b>9-20-57</b> , that I last saw the deceased alive on <b>9-20-1957</b> , and that death occurred at <b>10 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. M. ... M.A.</b>				23b. ADDRESS <b>Chillicothe Mo</b>		23c. DATE SIGNED <b>9/26/57</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-27-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo</b>	
DATE REC'D BY LOCAL REG. <b>9/26/57</b>		REGISTRAR'S SIGNATURE <b>Frances B. Keill</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Norman Funeral Home, Chillicothe, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1710

**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 .....  
Student Embalmer

Signed

*Joseph M. Gibson*

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.