

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2476

State File No. _____

No. 300
10-48

FILED JAN 20 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY St. Charles
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles c. LENGTH OF STAY (In this place)
c. CITY OR TOWN Elsberry d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hosp.
e. STREET ADDRESS (If rural, give location) 408 S. Third 0576

3. NAME OF DECEASED (Type or Print)
a. (First) BENJAMIN b. (Middle) ELONZO c. (Last) ROSS
4. DATE OF DEATH (Month) (Day) (Year)
Jan. 16, 1958

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Aug. 9, 1885 9. AGE (In years last birthday) 72 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) farmer - retired 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Truxton, RFD, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bert Ross 13b. MOTHER'S MAIDEN NAME Lovie Wilkinson 14. NAME OF HUSBAND OR WIFE Dessie (Martin) Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. not known 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Ross - 112 Lewis, Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia 1 week
DUE TO (c) →
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DDX

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Pulmonary Tuberculosis 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 5, 1958, to January, 1958, that I last saw the deceased alive on January 16, 1958, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE George E. Krater (Degree or title) MD 23b. ADDRESS St. Charles Mo 23c. DATE SIGNED 1-17-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Bur. 24b. DATE Jan. 18, 1958 24c. NAME OF CEMETERY OR PLACE OF BURIAL Oak Ridge 24d. LOCATION (City, town, or county) (State) Elsberry, Missouri

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE Maecella Wilson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O'Garraugh's - Elsberry Mo

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

JAN 22 1958

FEB 27 1958

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 *C. J. Gault*

Licensed Embalmer No. 4017

P. O. Address *E. Leberry, N.C.*

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.