

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005058

State File No.

FILED FEB 17 1958

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

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALBANY		c. LENGTH OF STAY (In this place) 60 days		c. CITY OR TOWN New Hampton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ALBANY Rest Home East part of Albany				• STREET ADDRESS (If rural, give location) South part of New Hampton 040			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel			b. (Middle) Newton			c. (Last) Ross	
4. DATE OF DEATH (Month) (Day) (Year) February 8, 1958		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb. 19, 1872		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black Smith		10b. KIND OF BUSINESS OR INDUSTRY Retired Black Smith		11. BIRTHPLACE (City and State or Foreign Country) Gentry County Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME James M. Ross		13b. MOTHER'S MAIDEN NAME Margaret Noble		14. NAME OF HUSBAND OR WIFE Annie Elizabeth Ross			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Lula Welch, Albany, Mo ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leuremia Pancreatic Gland				INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
		DUE TO (c) <input checked="" type="checkbox"/>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION 1/22/58		19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreatic Gland				20. AUTOPSY? 2 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) 1420			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from 1/22 , 19 58 , to 2/9 , 19 58 , that I last saw the deceased alive on 2/8 , 19 58 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. M. Puryear, M.D. (Degree or title) 0				23b. ADDRESS Albany, Mo.		23c. DATE SIGNED 2/10/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE FEB 14 1958		24c. NAME OF CEMETERY OR CREMATORY Carter Cemetery		24d. LOCATION (City, town, or county) (State) Gentry County MO	
DATE REC'D BY LOCAL REG. 2-10-58		REGISTRAR'S SIGNATURE Mrs. L. W. Bare		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Noble & Son ADDRESS New Hampton MO			

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 Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No 2904

P. O. Address New Hampshire

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.