

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006338  
State File No.

FILED FEB 26 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elsberry</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>Elsberry</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LaDelle Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>416 South Third St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOVIE</u>	b. (Middle) <u>(none)</u>	c. (Last) <u>ROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1958</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 6, 1863</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE (In years last birthday) <u>94</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Bond County, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Warren Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Webster</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Ross (died 1930)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Ross</u>	ADDRESS <u>Elsberry, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measenteric thrombosis</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>5702</u>
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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?
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22. I hereby certify that I attended the deceased from Dec 30, 1957, to Feb 7, 1958, that I last saw the deceased alive on Feb 7, 1958, and that death occurred at 12:20pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Hull</u>	(Degree or title)	23b. ADDRESS <u>Elsberry Mo.</u>	23c. DATE SIGNED <u>Feb 10 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 9, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry RFD, Mo.</u>
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DATE REC'D BY, LOCAL REG. <u>2/25/58</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientzy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Kientzy - Elsberry Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
*Chas. L. ...*

Licensed Embalmer No. 4017

P. O. Address *Elberry*

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.