

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010915.

STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 267 Primary Registration District No. 2049 Registrar's No. 90

300
-57

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseat</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Playt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monaud Hosp</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>East 14th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lucille</u> Middle <u>Ross</u> Last <u>Ross</u>			4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>58</u>	
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>unknown</u>	
9. AGE (In years) <u>old 58</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Grenada Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Booker Hurd</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Will Ross</u>
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.		17. INFORMANT <u>Will Ross</u> Address <u>Caruthersville Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shard Wayne Barn (4070)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Clothes caught on fire</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>078</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Caruthersville Mo</u> COUNTY _____ STATE _____		

21. I attended the deceased from 2-26-58 to 3-2-58 and last saw her alive on 3-2-58
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Werner, W. E. Co. MD</u> (Degree or title)		22b. ADDRESS <u>Caruthersville Mo</u>		22c. DATE SIGNED <u>3/2/58</u>
23a. BURIAL, CREMATION, MOV. (Specify) <u>Burial</u>	23b. DATE <u>3-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holly Home</u>		23d. LOCATION (City, town, or county) (State) <u>Stark Mo</u>

24. FUNERAL DIRECTOR <u>Berman, Wm. Stark Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. Berman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3-94-58

MAR 25 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, 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, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert M. Draw*

Licensed Embalmer No. *4732*

P. O. Address *Steel, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.