

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012970
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1711 N Ash		Length of stay in 1b 19 yds	d. STREET ADDRESS (If outside, give location) 1711 N Ash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle Edwin Last Ross			4. DATE OF DEATH Month 3 Day 16 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 5, 1909	9. AGE (In years last birthday) 48	FUNDED YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY St. Hosp # 3	11. BIRTHPLACE (City and state or country) Liberal, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jas. K. Ross		13b. MOTHER'S MAIDEN NAME Maude Decker		14. NAME OF HUSBAND OR WIFE Alberta Denayer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) WW 2		16. SOCIAL SECURITY NO. 487-03-9477		17. INFORMANT Alberta Ross Address Nevada, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oat cell bronchogenic Cancer with abdominal mediastinal metastases.					INTERVAL BETWEEN ONSET AND DEATH Known since Feb 14, 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____					1621
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 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.) 2		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 23, 1958 to March 15, 1958 and last saw him ^{her} alive on Mar 14, 1958 Death occurred at 7:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James J. Pascoe MD</i> (Degree or title)			22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 3-17-58
23a. URBAN CEMETERY, REMOVAL (Specify) St. Louis		23b. DATE 3-19-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas
24. FUNERAL DIRECTOR Richard L. Shorten ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-1958		26. REGISTRAR'S SIGNATURE <i>Anna J. Ferry</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

EXP. 28 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 *Clayton C. McLeod*

Licensed Embalmer No. 4853
P. O. Address Florida, 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.