

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037040

STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 117

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brookfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>204 market</u>		Length of stay in lb <u>4 years</u>	STREET ADDRESS (If outside, give location) <u>204 market</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Willie (Billie) Curtis Ross</u>		4. DATE OF DEATH Month Day Year <u>October 11, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 15, 1890</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>9 27</u>	IF UNDER 24 HRS. Hours Min. <u>9 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Side Laster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>	11. BIRTHPLACE (City and state or country) <u>Purdin, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		14. NAME OF HUSBAND OR WIFE <u>Allene Ross (deceased)</u>	
13a. FATHER'S NAME <u>Charles Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Senora Jane Miller</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. <u>487-01-4865</u>	
17. INFORMANT Address <u>Jake Ross, Brookfield, Missouri</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>acute coronary sclerosis.</u> DUE TO (b) <u>Coronary sclerosis.</u> DUE TO (c) <u>Hypertensive Cardio-vascular Disease - 2 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>D.O.A.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>—</u>		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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>—</u>	
21. I attended the deceased from <u>10/12/58</u> to <u>10/10/58</u> and last saw him alive on <u>10/10/58</u> . Death occurred <u>3:00 AM 10/11/58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. W. Schubert Jr.</u>		22b. ADDRESS <u>Brookfield Mo.</u>	
22c. DATE SIGNED <u>10/13/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct. 14, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Brookfield, Missouri</u>		23e. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Will. Farnsworth Home, Brookfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-58</u>	
26. REGISTER'S SIGNATURE <u>Kathelene Johnson</u>		26. (State) <u>Missouri</u>	

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OCT 21 1955

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 *Gerald I. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.

DEC 10 1955