

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040171
STATE FILE NUMBER 5328

FILED NOV 24 1958 Registration District No. 14 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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>General Hospital</u>		Length of stay in <u>1 day/6 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>3251 Warwick</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle Last <u>Ross</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>8,</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>5/16/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Core driller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Corps-Eng.</u>	11. BIRTHPLACE (City and state or country) <u>Council Bluffs, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Philomene Ross</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Philomene Ross 3251 Warwick</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 MYOCARDIAL INFARCTION</u> <u>H.C.V.D.</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)			INTERVAL BETWEEN ONSET AND DEATH <u>4:20</u> <u>4:20</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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 <u>FEB. 1953</u> to <u>NOV. 8, 1958</u> and last saw <u>her</u> alive on <u>NOV. 8, 1958</u> Death occurred at <u>1 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. C. Qvistgard M.D.</u>		22b. ADDRESS <u>6940 Prospect Ave. Shawnee, Mo.</u>	
22c. DATE SIGNED <u>11-10-58</u>		23a. NAME OF CEMETERY OR CREMATORY <u>Shawnee Cemetery</u>	
23b. DATE <u>11/11/58</u>		23c. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u>	
23d. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24. FUNERAL DIRECTOR ADDRESS <u>Gates Funeral Home, K. C. Ks.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-10-1958</u>		26. REGISTRAR'S SIGNATURE <u>Neve Minchall</u>	

All diseases in Part I must be carefully related.

P. C. Qvistgard USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6741 Burroughs
14129

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 *Murray Wilson*

Licensed Embalmer No. *4989*

P. O. Address *Shawnee, Kan.*

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.