. Health,
& Welfare
. Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040995

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 436

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sedalia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes [ ] No [X]
STREET ADDRESS (If outside, give location): 0808 Route 5, — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: ZEKE Middle: F. Last: ROSS

4. DATE OF DEATH Month Day Year: Nov. 14, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 12, 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Agriculture

11. BIRTHPLACE (City and state or country): Pettis County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Ross

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Mamie Necessary Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXXXXXXXX

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs. Mamie Ross, Rt. 5, Sedalia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastro intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal ulcer. — 20 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5410

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 Nov 9, 1958, to Nov 13, 58 and last saw ~~her~~ him alive on Nov 12, 1958.
Death occurred at 7:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Ramy M.D.

22b. ADDRESS: 1609 So Limit Sedalia Mo.

22c. DATE SIGNED: 11/14/58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/15/58

23c. NAME OF CEMETERY OR CREMATORY: Crown Hill

23d. LOCATION (City, town, or county) (State): Sedalia, Mo.

24. FUNERAL DIRECTOR Address: Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.: Nov 14, 1958

26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 R. E. Baker

Licensed Embalmer No. R 419

P. O. Address Sedalia

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.