

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001786
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 18

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Webb City		c. CITY OR TOWN Webb City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 N. Hall		d. STREET ADDRESS (If outside, give location) 310 N. Hall	

3. NAME OF DECEASED (Type or print) First Middle Last Kenneth McArthur Ross			4. DATE OF DEATH Month Day Year January 26, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 13, 1884	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired shoe repairman	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and state or country) Eldora Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James S. Ross	13b. MOTHER'S MAIDEN NAME Martha H. Daniels	14. NAME OF HUSBAND OR WIFE - - -
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Dorothy Mann Kansas City Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke Gastro-intestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastric Ulcer		6 months
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5400		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.)
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20c. TIME OF INJURY Hour Month, Day, Year	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
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21. I attended the deceased from 1-16-59 to 1-26-59 and last saw him alive on 1-26-59 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Joe E. Collins, M.D.	22b. ADDRESS 2117 Connor Avenue Jonlin, Mo.	22c. DATE 1-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-28-1959	23c. NAME OF CEMETERY OR CREMATORY Mount Hope	23d. LOCATION (City, town, or county) (State) Webb City Missouri
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.	25. DATE RECD. BY LOCAL REG. 1-28-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
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JOE E. COLLINS - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

REC 24 1959

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 *Richard G. Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Wabash City, 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.

Call...