THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-009097

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 304

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1325 E. McGee — Length of stay in 1b:

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0.376 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1325 E. McGee — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: HARRY Middle: E. Last: ROSS

**4. DATE OF DEATH** Month: March Day: 20, Year: 1959

**5. SEX:** Male 0

**6. COLOR OR RACE:** White

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

**8. DATE OF BIRTH:** 24 July 1887

**9. AGE** (In years last birthday): 71 — 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): Newspaper Editor

**10b. KIND OF BUSINESS OR INDUSTRY:** Retired

**11. BIRTHPLACE** (City and state or country): Kansas

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** E.A.Ross

**13b. MOTHER'S MAIDEN NAME:** Elvira Tolen

**14. NAME OF HUSBAND OR WIFE:** Ethel Ross

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

**16. SOCIAL SECURITY NO.:** UNKNOWN

**17. INFORMANT** Address: Ethel Ross (Wife) Springfield, Missouri

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriolar Nephrosclerosis and Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
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): 446X

**19. WAS AUTOPSY PERFORMED?** YES [X] 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 1957, to 3/20/59 and last saw him alive on Mar 7, 1959
Death occurred at 8:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): James T. Goal M.D.

**22b. ADDRESS:** 1211 S. Glenstone Springfield, Missouri

**22c. DATE SIGNED:** 3-21-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE:** 3-22-59

**23c. NAME OF CEMETERY OR CREMATORY:** Local

**23d. LOCATION** (City, town, or county) (State): Burr Oak, Kansas

**24. FUNERAL DIRECTOR** ADDRESS: J.W.KLINGNER & CO. SPRINGFIELD, MO.

**25. DATE RECD. BY LOCAL REG.:** 3-24-59

**26. REGISTRAR'S SIGNATURE:** Effie G. Melton

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 407

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.