

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014137
STATE FILE NUMBER

MAY 1 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 126

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Canton ⁸¹²⁰⁸ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in lb 15 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Joseph N. Ross			4. DATE OF DEATH Month Day Year April, 25, 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 June, 21, 1871	9. AGE (In years and birthday) 87	IF UNDER 1 YEAR Months Days	IF 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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) New Canton, Ill.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Ross	13b. MOTHER'S MAIDEN NAME Catherine Ann Neeley	14. NAME OF HUSBAND OR WIFE Single
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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. none	17. INFORMANT Harry Welch	Address Hull, Ill.
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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) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 pm
DUE TO (b) Doyle Elevator		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Jan 1/53 to 4/25/59 and last saw her alive on 4/25/59 Death occurred at 4/25/59; 7:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. Russell M. Hull, Ill.	22b. ADDRESS Hull, Ill.	22c. DATE SIGNED 4-26-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/29/59.	23c. NAME OF CEMETERY OR CREMATORY Shearer	23d. LOCATION (City, town, or county) (State) New Canton, Ill.
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24. FUNERAL DIRECTOR Thomas L. Neely	ADDRESS Barry, Ill.	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

910

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 *Body embalmed in Ill.*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harner L. Negley*.....

Illinois Licensed Embalmer No. *9038*.....

P. O. Address *Barrington, Ill.*.....

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.