

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021978
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 162 Primary Registration District No. 0595 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HILLSBORO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HWAY - M		Length of stay in lb	d. STREET ADDRESS (If outside, give location) RR#2

3. NAME OF DECEASED (Type or print) First WILLIAM Middle CHARLES Last ROSS			4. DATE OF DEATH Month 6 Day 9 Year 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 AUG. 7 - 1936	9. AGE (In years last birthday) 22	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER	10b. KIND OF BUSINESS OR INDUSTRY S.G. ADAMS CO	11. BIRTHPLACE (City and state or country) NEAR TROY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HARRY T. ROSS	13b. MOTHER'S MAIDEN NAME ELIZABETH TOY	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) YES 1954 - 1958	16. SOCIAL SECURITY NO. 486-40-3456	17. INFORMANT HARRY T. ROSS JR. Address R-2 Box 200 HILLSBORO, MO.
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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) MULTIPLE FRACTURES OF HEAD & CHEST		INTERVAL BETWEEN ONSET AND DEATH
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) SINGLE CAR AUTO ACCIDENT.
20c. TIME OF INJURY 7:15 p.m. 6/9/59	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway.	20f. CITY, TOWN, OR LOCATION Rock Twp.	COUNTY JEFF.	STATE MO.
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21. I attended the deceased from **Inquest.** to **7:15 a.m.** and last saw her alive on **7:15 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Cooper - 3	22b. ADDRESS Auto, MO.	22c. DATE SIGNED 6/9/59.
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE June 12 - 1959	23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL BAPTIST CEM.	23d. LOCATION (City, town, or county) (State) CEDAR HILL - MO.
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24. FUNERAL DIRECTOR Brimmer Funeral Home - Home Springs, Mo.	25. DATE REC'D. BY LOCAL REG. 6-12-1959	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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6961 8 7 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 *W E Morris*

Licensed Embalmer No. *3360*
P. O. Address *St Louis*

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.