

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024370
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 313

AMENDED

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 58 1/2 YRS	c. CITY OR TOWN CAPE GIRARDEAU
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #2 - CAPE GIRARDEAU		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt-2
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE SHELBY ROSS		4. DATE OF DEATH Month Day Year JULY 30, 1961	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1903	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days 6 5	IF UNDER 24 HR Hours Min. 6 5
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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 FARMING		11. BIRTHPLACE (City and state or country) Rt-2 - CAPE GIRARDEAU, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William B. ROSS		13b. MOTHER'S MAIDEN NAME LOUESA ISADA ROSS		14. NAME OF HUSBAND OR WIFE IRENE JUDEN ROSS			
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 Address MRS. CLAUDE ROSS - CAPE GIRARDEAU, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Excessive intra cranial pressure			3 weeks
DUE TO (b) Arterio-venous fistula, left lobe of brain			at least 2 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) Embolus by perforation		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFECT? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. 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	STATE

21. I attended the deceased from 2-29-60 to 7-19-61 and last saw him alive on 7-19-61
Death occurred at 7-30-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Cochran M.D.	22b. ADDRESS Cape Girardeau, Mo	22c. DATE SIGNED 8-2-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 1, 1961	23c. NAME OF CEMETERY OR CREMATORY HITT CEMETERY	23d. LOCATION (City, town, or county) (State) CAPE COUNTY, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS BISHINGHOFF FUNERAL HOME - CHAFFEE, Mo.	25. DATE RECD. BY LOCAL REG. 8-4-1961	26. REGISTRAR'S SIGNATURE Gene Hester
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jack T. Burnett

Licensed Embalmer No. 4493

P. O. Address C. Koffee, 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.