

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037582

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 98

STATE FILE NUMBER

AMENDED

**FILED OCT 26 1961**

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b <u>4 WKS.</u>	c. CITY OR TOWN <u>IBERIA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MO. S. SAN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>HOSPITAL RECORD</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HERBERT ROSS</u>			4. DATE OF DEATH Month Day Year <u>OCT. 20 1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-18-93</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph E Ross</u>		13b. MOTHER'S MAIDEN NAME <u>ODA ELANZY</u>		14. NAME OF HUSBAND OR WIFE <u>OLLIE LENA ROSS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic)			17. INFORMANT <u>HOSPITAL RECORD</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL MONTHS</u>
DUE TO (b) <u>MEDIASTINAL LYMPHADENITIS</u>		
DUE TO (c) <u>LYMPHOMA</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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

21. I attended the deceased from 9-16-61 to 10-20-61 and last saw <sup>her</sup> him alive on 10-19-61  
Death occurred at 4:30 AM 10-20-61 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Doc. H. H. Johnson M.D.</u>	(Degree or title)	22b. ADDRESS <u>MO. S. SAN</u>	22c. DATE SIGNED <u>10-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hooker Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Waynesville MO.</u>
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24. FUNERAL DIRECTOR <u>Hilbert Funeral Home - Dixon Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-20-61</u>	26. REGISTRAR'S SIGNATURE <u>Roy Wynne</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

NOV 8 1961

**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 Max L. Fossell

Licensed Embalmer No. 4252

P. O. Address W. W. W. W. W.

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.