MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-002400

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 4

FILED JAN 16 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2 | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fenton — Length of stay in 1b: 20 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 10 Sunset Drive — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: Fenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10 Sunset Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sarah Middle: Hicks Last: Ross
4. DATE OF DEATH: Month 1 Day 3 Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-2-1877
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and state or country): Henderson Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Luther B. Hicks
13b. MOTHER'S MAIDEN NAME: Clara Lambert
14. NAME OF HUSBAND OR WIFE: Preston B. Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 4-20-60, to 1-3-62 and last saw her/him alive on 1/2/62
Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William A. Tilly MD.
22b. ADDRESS: 3720 Washington Avenue
22c. DATE SIGNED: 1-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-4-62
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
23d. LOCATION (City, town, or county) (State): Madisonville Ky.

24. FUNERAL DIRECTOR: Mittelberg — ADDRESS: Webster Groves, Mo.
25. DATE RECD. BY LOCAL REG.: 1-4-62
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1962

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 Elton E R Semillaus

Licensed Embalmer No. 4283

P. O. Address St Louis 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.