

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031498
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1725

FILED AUG 26 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>0122</u>				
2 <u>2079</u>				
3				
4 <u>1</u>				
5 <u>1</u>				
6				
7 <u>1</u>				
8 <u>2</u>				
9 <u>Xg</u>				
10 <u>0</u>				
11 <u>333</u>				
12 <u>2-0</u>				
13 <u>1-0</u>				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 2 hrs.	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4591 Davison St. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BETTY Middle JEAN Last ROSS			4. DATE OF DEATH Month August Day 4 Year 1963
5. SEX Female	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 4/23/1930
9. AGE (last birthday) 33		IF UNDER 1 YEAR Months 3 Days 11	IF UNDER 24 HR Hours 2 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Manila, Arkansas.
12. CITIZEN OF WHAT COUNTRY U. S A.		13a. FATHER'S NAME William Murohy	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William 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. [Redacted]	
17. INFORMANT Address Wm. Ross, 4591 Davison. St. Louis,		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Continued Brain E DUE TO (b) Intracranial hemorrhage DUE TO (c) Fracture of Skull 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	
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.) Motor cycle accident		20c. TIME OF INJURY Hour 8:30 a.m. 8-4-63 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 Poplar Bluff, Mo.		COUNTY Butler STATE Missouri	
21. I attended the deceased from 8-4-63 to 8-4-63 and last saw her alive on 8-4-63 Death occurred at 8:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Merlin R. Barbours, M.D. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 8-15-63		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 8/5/63		23c. NAME OF CEMETERY OR CREMATORY Valhalla	
23d. LOCATION (City, town, or county) St. Louis, Missouri.		(State)	
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 8-19-1963	
26. REGISTRAR'S SIGNATURE Delma Graham			

AUG 28 1968

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 Scott Cochran

Licensed Embalmer No. 5914

P. O. Address Poplar Bluff, 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.

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