

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034959

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 54

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0020

2 0320

3

4 0

5 2

6

7 0

8 0

9 5410

10

11

12 86-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

**Andrew**

b. CITY (If outside corporate limits, give TOWNSHIP only)

**Savannah**

Length of stay in 1b

**9 Days**

c. FULL NAME OF (If NOT in hospital, give location)

**Shady Lawn Nursing Home**

Inside Limits

Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

**Mo DeKalb**

c. CITY OR TOWN

**Maysville**

Inside Limits

Yes  No

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes  No

3. NAME OF DECEASED (Type or print)

**ALMUS**

First

**N.**

Middle

**ROSS**

Last

4. DATE OF DEATH

Month

Day

Year

**Sept 27 1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH

**5/30 1876**

9. AGE (last birthday)

**87**

IF UNDER 1 YEAR

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired Harness Maker**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Fairport Missouri**

12. CITIZEN OF WHAT COUNTRY

**U.S.**

13a. FATHER'S NAME

**Issac W. Ross**

13b. MOTHER'S MAIDEN NAME

**Sarah Minnicks**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**E.B. Ross Sr. Maysville Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Bleeding duodenal ulcer. 5410**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**arteriosclerosis, general (530)**

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, 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 Jan 1961 to Sept 27, 1963 and last saw him alive on Sept 20, 1963  
Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

*J. Switzer M.D.*

22b. ADDRESS

**Maysville Missouri**

22c. DATE SIGNED

**9/27/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**9/29 -63**

23c. NAME OF CEMETERY OR CREMATORY

**King City**

23d. LOCATION (City, town, or county)

**King City Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Pilcher Funeral Home**

**Maysville Mo.**

25. DATE RECD. BY LOCAL REG.

**10-1-63**

26. REGISTRAR'S SIGNATURE

*Dulany*

**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   
O.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Missouri

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.