

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37484**

FILED DEC 3 1949

Registrar's No. **4744**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4744	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			49 30 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 East 11th St.				d. STREET ADDRESS (If rural, give location) 1101 East 11th St.			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) BERT		c. (Last) ROSS		4. DATE OF DEATH (Month) (Day) (Year) 11-8-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 6, 1879		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Apt. House		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas K. Ross			13b. MOTHER'S MAIDEN NAME Mary E. Stillman		14. NAME OF HUSBAND OR WIFE Mary Etta Ross		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Etta Ross ADDRESS K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death:</i>					INTERVAL BETWEEN ONSET AND DEATH 36 hours 2 years 7 months plus
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/8 10					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 20, 1949 , to Nov. 7, 1949 , that I last saw the deceased alive on Nov. 7, 1949 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Herbert Shuey (Degree or title) M.D.				23b. ADDRESS 3903 Brooklyn K.C.Mo.		23c. DATE SIGNED 11-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-8-49	24c. NAME OF CEMETERY OR CREMATORY Quindaro Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Kansas		
DATE REC'D BY LOCAL REG. 11-8-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Geo. N. Long		ADDRESS K.C. Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Chasey
3903 Brooklyn
Wa. 6493

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.

Signed Chas. H. Rider

Signed.....
Student Embalmer

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th St. K.C.

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 this body is not embalmed, fact should be so stated above.