

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14224

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6018		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Fishing River</u>		c. LENGTH OF STAY (In this place) <u>59 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Fishing River</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 miles north Fleming</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles north Fleming</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>(n)</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 14, 1890</u>		9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR <u>7</u> Months <u>13</u> Days	11. UNDER 18 HRS. <u>0</u> Hours <u>0</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Irons</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Hannsz</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Earl Ross</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph E. Ross, Independence, Missouri</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Chronic Myocarditis</u> <u>Phenelzine Intoxication</u> DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>4:22?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>4-1-</u> , 19 <u>50</u> <u>4-17-</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4-17-</u> , 19 <u>50</u> , and that death occurred at <u>12:07P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Richmond, Missouri</u>		23c. DATE SIGNED <u>4-19-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Southpoint</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-19-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 272		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quest-Life Funeral Home, Richmond, Missouri</u>					

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

890

RECEIVED

APR 27

District Health Officer No. 8,

District File Number _____

Date Filed _____

4-29-52

MAY 8 1952

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4866

P. O. Address _____

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.