

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17424

State File No. ....

BIRTH NO. .... REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Braymer</b>	
c. LENGTH OF STAY (In this place) <b>7 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chillicothe City Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>ELMER</b> c. (Last) <b>ROSS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 1, 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Dec. 17, 1931</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>19</b>
11. BIRTHPLACE (State or foreign country) <b>Braymer, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Elonzo Elmer Ross</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elonzo Ross Braymer, Mo.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>direct trauma to head</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Country road</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Braymer Livingston Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>Apr 1, 1950</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident ROR</b>	
22. I hereby certify that I attended the deceased from <b>Apr 1, 1950</b> to <b>Apr 1, 1950</b> , that I last saw the deceased alive on <b>Apr 1, 1950</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (In blue or black ink) <b>Wm. Caldwell, M.D.</b>		23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>4/9/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 3, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>	24d. LOCATION (City, town, or county) (State) <b>Braymer, Mo.</b>
DATE REC'D BY LOCAL REG. <b>April - 3 - 50</b>	REGISTRAR'S SIGNATURE <b>Frances B Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gene C. Michael, Braymer, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*Lene C. Michael*

Signed \_\_\_\_\_

~~Student Embalmer~~

Licensed Embalmer No. \_\_\_\_\_

*4340*

P. O. Address \_\_\_\_\_

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