

10, 300
D. 48

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 107

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u> | |
| c. LENGTH OF STAY (In this place) <u>25yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Box 383</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Bot 383</u> | | | |

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|--|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Imogene</u> | | b. (Middle) <u>Willa</u> | | c. (Last) <u>ROSS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-50</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 14-1917</u> | |
| 9. AGE (In years last birthday) <u>33</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kennett Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kennett Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>William P. Watson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruth Jackson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wayne Ross</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Ross</u> | |
| | | | | ADDRESS <u>Kennett</u> | |

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|---|--|---|--|--|--|---|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Coronary of Arterio</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Supperpork)</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 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) (Min.) | | 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 Aug 21st, 1950, to Sept 11, 1950, that I last saw the deceased alive on 9-11-50, 1950, and that death occurred at 12:30 Am., from the causes and on the date stated above.

| | | | | | | | |
|--|--|-----------------------------|--|---|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Kennett Mo</u> | | 23c. DATE SIGNED <u>9-12-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-13-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u> | |

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|---|--|---|--|--|--|------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>Sept 12-1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Kennett Mo</u> | |
|---|--|---|--|--|--|------------------------------|--|

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-12-50
COUNTY FILE NUMBER 950-261.

REC'D
9 12 1950

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 *Walter C. Hawkins*

Licensed Embalmer No. *2002*

P. O. Address *Kennett*

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.