

FILED OCT 11 1950

# STANDARD CERTIFICATE OF DEATH

State File No. **31102**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4222** Registrar's No. **68**

**1. PLACE OF DEATH**  
 a. COUNTY **Mercer**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Princeton**  
 c. LENGTH OF STAY (in this place) township) **61 Yrs.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
 a. STATE **Mo.** b. COUNTY **Mercer** admission) **0 6.50**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Princeton, Mo.**  
 d. STREET ADDRESS (If rural, give location) **0**

**3. NAME OF DECEASED**  
 a. (First) **Edgar** b. (Middle) **Arthur** c. (Last) **Ross**  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year) **Oct. 4-50**  
**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **8. DATE OF BIRTH** **April 13, 1871** **9. AGE** (In years last birthday) **79** **IF UNDER 1 YEAR** Months **IF UNDER 6 HRS.** Hours **IF UNDER 15 MIN.** Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Retired** **10b. KIND OF BUSINESS OR INDUSTRY**  
**11. BIRTHPLACE** (State or foreign country) **Illinois** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Henry Ross** **13b. MOTHER'S MAIDEN NAME** **Daines** **14. NAME OF HUSBAND OR WIFE** **Vennie Ross**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give war or dates of service) **no** **16. SOCIAL SECURITY NO.** **no** **17. INFORMANT'S SIGNATURE OR NAME** **Rettie Ross Princeton, Mo.** **ADDRESS**

**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, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cerebral Hemorrhage**  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (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  NO

**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**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?**

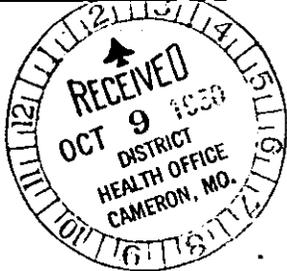
**22. I hereby certify that I attended the deceased from** **Sept 27, 1950**, to **Oct 4, 1950**, that I last saw the deceased alive on **Oct 3, 1950**, and that death occurred at **8:30 A. m.**, from the causes and on the date stated above.

**23a. SIGNATURE** **W. D. Pickett M.D.** (Degree or title) **23b. ADDRESS** **Princeton** **23c. DATE SIGNED** **10-4-50**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **10-6-50** **24c. NAME OF CEMETERY OR CREMATORY** **Goshen Ceme.** **24d. LOCATION** (City, town, or county) (State) **Mercer Co. Mo.**

**DATE REC'D BY LOCAL REG.** **10-5-50** **REGISTRAR'S SIGNATURE** **393** **25. FUNERAL DIRECTOR'S SIGNATURE** **Martin Funeral Home Princeton, Mo.** **ADDRESS**

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.

Student .....  
Student Embalmer

Signed *John Martin*

Licensed Embalmer No. 3760

P. O. Address *Princeton, 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.