No. 300
10-48

280

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

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36541

State File No.

BIRTH NO. REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 11-1950

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leasburg, Rural, Liberty
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leasburg, Rural, Liberty
d. STREET ADDRESS (If rural, give location): F.F.D. #1

0280

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Edward
c. (Last): Ross

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May, 20, 1867
9. AGE (In years on last birthday): 83 — If under 1 year: Months 6, Days 7; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Cutter
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James Ross
13b. MOTHER'S MAIDEN NAME: Janie Brooks
14. NAME OF HUSBAND OR WIFE: Illeen Pepineau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Spanish Amer.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Illeen Ross, Leasburg, Mo. — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic endocarditis — INTERVAL BETWEEN ONSET AND DEATH

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.

4214

19a. DATE OF OPERATION: no
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) m.:
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* Nov 20, 1950, *to* Nov. 27, 1950, *that I last saw the deceased alive on* Nov 27, 1950, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Drury (Degree or title): M.D.
23b. ADDRESS: Bourbon Mo.
23c. DATE SIGNED: 11-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/30/50
24c. NAME OF CEMETERY OR CREMATORY: Cross Roads
24d. LOCATION (City, town, or county) (State): Crawford Co. Mo.

DATE REC'D BY LOCAL REG.: Nov. 30, 1950
REGISTRAR'S SIGNATURE: 372 M. E. Davis Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: E. E. Long — **ADDRESS**: Bourbon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC -2 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Norman C. Hoener

Signed.....
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.