

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40970
5535

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>2336 Belleview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u>		b. (Middle)		c. (Last) <u>Ross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 30 - 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5 - 29 - 05</u>		9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marley T. Co</u>		11. BIRTHPLACE (State or foreign country) <u>K.C. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		

13a. FATHER'S NAME <u>Harry William Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Ross</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, date unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. E. Ross</u>	
				ADDRESS <u>2129 Summit K.C.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chirrhosis of liver</u>		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						<u>5810</u>	
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)		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 Dec. 28, 1950 to Dec. 30, 1950, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		B.I. BUFDs (Degree or title) <u>Med. Dir. General Hospital No. 1</u>		23b. ADDRESS <u>General Hospital No. 1</u>		23c. DATE SIGNED <u>12-31-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>LL</u>		24b. DATE <u>12-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Beaver, Caldwell City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-31-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u>		ADDRESS <u>708 Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1951

FEB 6 1951

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 *Alvin R Haunscheld*

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *R.R. 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.