

41268

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 183

Registrar's No. 183

MILED DEC 21 1950

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5576		State File No. 183		Registrar's No. 183							
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper Twp			c. LENGTH OF STAY (In this place) 1 Week			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 7 Miles N. of Purcell, Mo.									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/2 Miles S.E. of Opolis				d. STREET ADDRESS (If rural, give location) 7 Miles N. of Purcell, Mo.											
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Agnes			c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1950						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 4, 1884		9. AGE (In years last birthday) 66		10. MONTHS 9	11. YEAR 10	12. IF UNDER 18 HRS. Hours	13. IF UNDER 18 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Jasper County, Missouri				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME J. P. Dunlap				13b. MOTHER'S MAIDEN NAME Melissa Plymate				14. NAME OF HUSBAND OR WIFE Roy Ross							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Ross, Jasper, Mo. Rt. # 2									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)											MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure											10 years				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.											10 years				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis											10 years				
DUE TO (c)											10 years				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42 2 2											10 years				
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) m.			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 MAY 19, 1947, to Dec 14, 1950, that I last saw the deceased alive on Dec. 14, 1950, and that death occurred at 4:45A m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Helen R. Dancy, D.O.						23b. ADDRESS Alba, Mo.				23c. DATE SIGNED 12-16-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Dec. 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery			24d. LOCATION (City, town, or county) (State) Nashville, Missouri							
DATE REC'D BY LOCAL REG. Dec 16-50			REGISTRAR'S SIGNATURE S. L. Satchell						25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce-Simpson, Webb City, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10:48

490

RECEIVED 12-19-50
Jasper County Health Office

County File Number 50-12-917

Date Filed 12-19-50

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 Harvey Blue.....

Licensed Embalmer No. 4463.....

P. O. Address Webb City 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.