No. 300
10.48

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9596

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (in this place) 3 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elsberry 0570
d. STREET ADDRESS (If rural, give location) 304 N. Sixth St.

3. NAME OF DECEASED (Type or Print)
a. (First) Tandy
b. (Middle) Chatman
c. (Last) Ross

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov. 12, 1883
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Hawk Point, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Ross
13b. MOTHER'S MAIDEN NAME Mary Cannon
14. NAME OF HUSBAND OR WIFE Sadie Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-12-8555
17. INFORMANT'S SIGNATURE OR NAME Sadie Ross **ADDRESS** Elsberry, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of lungs — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (b) Pleurisy c

DUE TO (c) bloody effusion — 6 mo.

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 163 X
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* 10-26, 1950, *to* 3-30, 1951, *that I last saw the deceased alive on* 3-29, 1951, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas. H. Lewellen (Degree or title) M.D.
23b. ADDRESS Louisiana, Missouri
23c. DATE SIGNED 3-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-1-51
24c. NAME OF CEMETERY Oak Ridge
24d. LOCATION (City, town, or county) (State) Elsberry, Mo.

DATE REC'D BY LOCAL REG. March 31, 1951
REGISTRAR'S SIGNATURE Bernice Collier
374
FUNERAL DIRECTOR'S SIGNATURE [illegible]
ADDRESS Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51673
Date Filed: APR 7 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.....
..... Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.