

FILED MAY 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16335

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 5 days		0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 303 N. Church St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) --		c. (Last) Ross		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 14, 1865		9. AGE (In years) (Months) (Days) (Hours) (Min.) 88 2 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Kirkwall, Scotland 4		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Ross		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----	
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 A. T. Innes Fayette, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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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 June 1945, to 7 May, 1951, that I last saw the deceased alive on 7 May, 1951, and that death occurred at 3-0 P. M. from the causes and on the date stated above.

23a. SIGNATURE M. J. Shaw M.D. (Degree or title)	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 9 May 51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 5/8/51	24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo
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DATE REC'D BY LOCAL REG. 5-8-51	REGISTRAR'S SIGNATURE Mary K. Shell 436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Case Fayette, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-15-51 \_\_\_\_\_

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.....  
Student Embalmer

Signed Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Fayette 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.