

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23756**
Registrar's No. **61**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville	
c. LENGTH OF STAY (in this place) 11 Weeks		d. STREET ADDRESS (If rural, give location) 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Francis c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) July 13 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 8 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (State or foreign country) Ringgold Co., Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Jacob Ross	13b. MOTHER'S MAIDEN NAME Julia Coffee	14. NAME OF HUSBAND OR WIFE Nettie Blanche Ross (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Coy Ross	ADDRESS Cainsville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis with atherosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease of the coronary arteries DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. enlarged prostate causing retention of urine			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION prostatic hypertrophy with hemorrhage, necrosis and inflammation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (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 **4-27-51**, 19____, to **7-13-51**, 19____, that I last saw the deceased alive on **7-13-51**, 19____, and that death occurred at **6:45p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George D. Axtell, D.O.	23b. ADDRESS Princeton, Missouri.	23c. DATE SIGNED July 15 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16 1951	24c. NAME OF CEMETERY OR CREMATORY St. Paul	24d. LOCATION (City, town, or county) (State) Princeton, Missouri.
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DATE REC'D BY LOCAL REG. 7-17-51	REGISTRAR'S SIGNATURE Walt Ross	343	5. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650

FILED JUL 27 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, of Mo.

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.