

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33308

State File No.

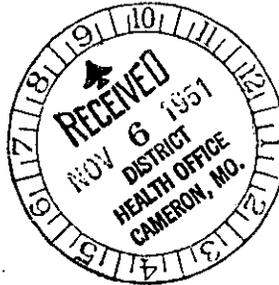
FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 138

0402
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dumphries Rural 1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Taylor Turn 1</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN THOMAS ROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 1951</u>
5. SEX <u>M U</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 5 1889</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John P Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McCloskey</u>	14. NAME OF HUSBAND OR WIFE <u>Eunice Ross</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eunice Ross Dumphries Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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 <u>Oct - 15th 1951</u> , to <u>Oct 26th 1951</u> that I last saw the deceased alive on <u>Oct 26th 1951</u> and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Oliver F. Jolly M.D.</u>		23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>Oct 27th 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion Cem</u>	24d. LOCATION (City, town, or county) <u>Dumphries Mo</u>
DATE RECD BY LOCAL REG. <u>10/28/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PK Payne Son Salt Mo</u>	



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.....

P. R. Payne Jr

Signed.....
Student Embalmer

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.