S. No. 300
Rev. 10.48

0411

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

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33325

BIRTH NO. 67958-51 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 99

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albany 0380
d. STREET ADDRESS (If rural, give location): 505 N. Polk /

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): **********
c. (Last): Ross

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Oct. 25, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Harrison Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Winfield Ross
13b. MOTHER'S MAIDEN NAME: Lillian Fugua
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): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Winfield Ross
ADDRESS: Albany, 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) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES

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

DUE TO (b) Premature Birth

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: 7735
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* Oct. 25, 1951, *that I last saw the deceased alive on* Oct. 25, 1951, *and that death occurred at* 4:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. J. Pray (Degree or title) D.O.
23b. ADDRESS Albany, Mo.
23c. DATE SIGNED 10-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/51
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Albany Mo.

DATE REC'D BY LOCAL REG.: 10/31/51
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford Brown
ADDRESS: Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 6 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 me

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.