

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 244

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JAN 14 1952

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> .. b. COUNTY <b>Des Moines</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Des Moines</b>	
c. LENGTH OF STAY (In this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Eugene</b> c. (Last) <b>ROSS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1951</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (In years last birthday) <b>21</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>9</b>		

13a. FATHER'S NAME <b>Floyd Ross</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>County Welfare Office Carthage, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Muscular Sufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>the above</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 <b>260x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>12-24-51</b>	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 12-27 1951, to 12-27-51, 1951, that I last saw the deceased alive on 12-24, 1951, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Baker M. D.</b> (Degree or title)		23b. ADDRESS <b>County Welfare Office</b>		23c. DATE SIGNED <b>12-28-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-29-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Watts Funeral Home of Lorimer, Iowa.</b>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>12/29/51</b>	REGISTRAR'S SIGNATURE <b>L. B. Clinton, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home Carthage, Mo.</b>		

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

RECEIVED 1-3-52  
Per County Health Office

County File Number \_\_\_\_\_  
Date Filed 1-3-52

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

*Ray E. Rose*

Licensed Embalmer No.

*4779*

P. O. Address

*Carthage, 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.