

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2152

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 23

1. PLACE OF DEATH  
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Nodaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville c. LENGTH OF STAY (in this place) 2 WKS.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital

d. STREET ADDRESS (If rural, give location) 208 South Saunders

3. NAME OF DECEASED  
a. (First) MARTHA b. (Middle) ANNA c. (Last) ROSS

4. DATE OF DEATH (Month) (Day) (Year) 1 21 52

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 4/10/62 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Clark County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allen J. Burks 13b. MOTHER'S MAIDEN NAME Mary S. Waggener 14. NAME OF HUSBAND OR WIFE Madison P. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mr. M. P. Ross, Maryville, Mo. ADDRESS

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH 14 days

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

DUE TO (b) Coronary sclerosis

DUE TO (c) Senility

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  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) 4201

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY \_\_\_\_\_ 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 Jan. 7, 1952, to Jan. 21, 1952, that I last saw the deceased alive on Jan. 21, 1952, and that death occurred at 4:15 P m., from the causes and on the date stated above.

23a. SIGNATURE B. F. Dyland (Degree or title) M. D. O. 23b. ADDRESS Maryville, Missouri 23c. DATE SIGNED 1/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/23/52 24c. NAME OF CEMETERY OR CREMATORY Miriam 24d. LOCATION (City, town, or county) (State) Maryville, Missouri

DATE REC'D BY LOCAL REG. 2-2-52 REGISTRAR'S SIGNATURE Bess Holt 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville, Mo.

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

**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 Clara M. P. P. P.

Licensed Embalmer No. 1822

P. O. Address Mayville 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.