

STATE OF MISSOURI
 DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1962

STATE FILE NUMBER
 2319-A

Registration District No. 280 Primary Registration District No. 5958 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Platte</u> DELAYED DELAYED				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural, Carroll</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Platte City Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi - East of Platte City</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>—</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>F.</u> Last <u>Ross</u>				4. DATE OF DEATH Month <u>Jan</u> - Day <u>5</u> - Year <u>1962</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9 - 1861</u>	9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Classroom Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u>		11. BIRTHPLACE (City and state or country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Richard Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Lee Maget</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Jones</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>486-06-8592</u>		17. INFORMANT <u>Elbert F. Ross, Platte City Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>hypertensive arterio-sclerotic disease</u> DUE TO (c) <u>+ generalized arterio-sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u>		
21. I attended the deceased from <u>Mar - 1947</u> to <u>Jan 1962</u> and last saw ^{her} him alive on <u>Jan 1 - 1962</u> . Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>H. Graham Parker, M.D.</u>				22b. ADDRESS <u>Platte City Mo.</u>		22c. DATE SIGNED <u>1.7.62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 7. 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Platte City Mo.</u>				
24. FUNERAL DIRECTOR <u>Rollin - Mitchell, Platte City Mo.</u>		ADDRESS <u>—</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 7 - 62</u>		26. REGISTRAR'S SIGNATURE <u>B. Phia Rollins</u>		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAY 10 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roland M. Gifford

Licensed Embalmer No. 472

P. O. Address Platte City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.