

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26872

| | | | | | | | | | |
|--|--|--|---|---|-----------------------------------|--|----------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 336 | | PRIMARY REG. DIST. NO. 6137 | | Registrar's No. 199 | | | |
| 1. PLACE OF DEATH a. COUNTY Shannon 1080 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO | | | | b. COUNTY 1018 | |
| b. CITY OR TOWN Winona Rural | | c. LENGTH OF STAY (in this place) 60 yrs | | c. CITY OR TOWN Winona | | 0 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Own home | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) Abigail | | | a. (First) | | b. (Middle) | | c. (Last) Ross | | |
| 4. DATE OF DEATH July 26 1952 | | Month Day Year | | 5. SEX F | | 6. COLOR OF RACE W | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Feb. 3. 1862 90 | | 9. AGE (years, months, days) 90 | | 10. UNDER 1 YEAR 11. UNDER 2 HRS. 12. 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) Iron Co. Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Mead | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Johnson | | | 14. NAME OF HUSBAND OR WIFE Frank Ross | | | |
| 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 | | | ADDRESS | |
| 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) Acute Circulatory Failure | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma | | | | 6 mo. | |
| | | | | 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 151x | | | | | | 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) (Min.) | | 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 July 17, 1952, to July 26, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Frank J. Pinski D.O. | | | | (Degree or title) | | 23b. ADDRESS Van Buren Mo | | 23c. DATE SIGNED 7-28-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-29-52 | | 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery | | 24d. LOCATION (City, town, or county) Shannon Co. Mo. | | (State) | |
| DATE REC'D BY LOCAL REG. 8-2-52 | | REGISTRAR'S SIGNATURE Mabel Reelin | | 447 | | 25. FUNERAL DIRECTOR'S SIGNATURE Seaton P. Lewitt | | ADDRESS Van Buren | |

(Licensed Embalmer's Statement on Reverse Side)

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 Seaton Perwill

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.