

SEP 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27850

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Henry 0427</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Henry 0427</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton mo</u>	
c. LENGTH OF STAY (In this place) <u>25 years</u>		d. STREET ADDRESS (If rural, give location) <u>Gene Delivery</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u> b. (Middle) <u>UNDERWOOD</u> c. (Last) <u>ROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1952</u>
---	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3/11/1898</u>	9. AGE (In years last birthday) <u>54</u>	10. MONTHS <u>54</u>	11. DAYS <u>54</u>	12. HOURS <u>54</u>	13. MIN. <u>54</u>
--------------------	-------------------------------	---	-----------------------------------	---	----------------------	--------------------	---------------------	--------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CRA SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henry Co mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>JOSEPH HEWTON ROSS</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCIS MAUDE ADAIR</u>	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. <u>490-05-9270</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jim Ross Bartlettville Ark</u>	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) <u>CEREBRAL EMBOLUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (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 <u>332 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb., 1952, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Walker, MD</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>98 Aug 1952</u>
---	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-26-1952</u>	24b. DATE <u>Burial</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARRSVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>Petersburg mo</u>
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug 28 1952</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Coussalis</u>	ADDRESS <u>Clinton mo</u>
---	---	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1958

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 J. E. Conzelmann

Licensed Embalmer No. 1891

P. O. Address Clinton 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.