

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39646**

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carruthersville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carruthersville</u> <u>0782</u>	
c. LENGTH OF STAY (In this place) <u>19</u>		d. STREET ADDRESS (If rural, give location) <u>509 E 15th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Olvie</u>	b. (Middle) <u>WMM</u>	c. (Last) <u>Ross</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4 Sep 1907</u>	9. AGE (In years last birthday) <u>45</u> Months <u>2</u> Days <u>2</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>	11. BIRTHPLACE (State or foreign country) <u>Enonola Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown Brown</u>	13b. MOTHER'S M maiden name <u>Annie Wase</u>	14. NAME OF HUSBAND OR WIFE <u>James Ross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Ross</u> ADDRESS <u>509 E 15th St. Carruthersville Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
		DUE TO (b) <u>—</u>	
		DUE TO (c) <u>—</u>	

19a. DATE OF OPERATION <u>Mar 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pelvic evisceration</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Carruthersville Pemiscot Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 6-6-1946, to 11-6-1952, that I last saw the deceased alive on 11-6-1952, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. W. Cook M.D.</u>	23b. ADDRESS <u>Carruthersville, Mo.</u>	23c. DATE SIGNED <u>11-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12th November 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan's Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carruthersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 9, 1952</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Hulke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. Dodson</u> ADDRESS <u>Carruthersville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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19
0782

11-338-52

PENNSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 14 1952

NOV 24 1952

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 NONE
Student Embalmer

Signed P. S. Dando

Licensed Embalmer No. 4893

P. O. Address Caruthersville, 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.