

No. 300  
10.48

FILED FEB 6 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 572

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52-53 PRIMARY REG. DIST. NO. 5187 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO.</b> b. COUNTY <b>CAPE GIRARDEAU.</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ALLENVILLE (Hubbardsville) Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ALLENVILLE</b>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No STREET ADDRESS</b>			d. STREET ADDRESS (If rural, give location) <b>No STREET ADDRESS</b>		

3. NAME OF DECEASED a. (First) <b>GARY</b> b. (Middle) <b>WAYNE</b> c. (Last) <b>ROSS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 21 1953</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>JAN. 16, 1947</b>		9. AGE (In years last birthday) Months Days <b>6 0 5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Allenville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ERBIN ROSS</b>	13b. MOTHER'S MAIDEN NAME <b>JEWELL KINDER</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Erbin Ross</b> ADDRESS <b>Allenville, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia, etc.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos?</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>2043</b>		
		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 <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 **Jan 1, 1953**, that I last saw the deceased alive on **Jan. 2, 1953**, and that death occurred at **7** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. J. Herlihy</b>	23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>1/27/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARKS CHAPEL CEM. BOLLINGER CO.</b>	24d. LOCATION (City, town, or county) (State) <b>Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 30 1953</b>	REGISTRAR'S SIGNATURE <b>A. G. Schubert</b>	43	25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME</b> ADDRESS <b>WUTESVILLE, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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D. C. T. (Herlihy)

FEB 7 1953

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. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.