

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6648

State File No.

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5691 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Warrensburg Rural	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Warrensburg Rural 0519	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 4		d. STREET ADDRESS (If rural, give location) R.F.D. # 4	

3. NAME OF DECEASED (Type or Print) Ellen Ross			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1953		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Jan. 2 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Johnson Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME B. F. Goins		13b. MOTHER'S MAIDEN NAME Mary E. Lake		14. NAME OF HUSBAND OR WIFE Harvey C. Ross	
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen Ross, Warrensburg Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Infuenza Diagnosis made from history Dead when I arrived DUE TO (b) 480X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Jan 2 - 53 Jan 10 Jan 31 53, that I last saw the deceased alive on Jan 2 53, 19, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm R Patterson M.D.	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 2-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-3-53	24c. NAME OF CEMETERY OR CREMATORY Liberty Cem	24d. LOCATION (City, town, or county) (State) RFD 4 Warrensburg, Mo.
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DATE REC'D BY LOCAL REG. Feb. 3, 1953	REGISTRAR'S SIGNATURE Savannah	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg, Mo
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RECEIVED
FEB 9 1953
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Earl Priest.....

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg, 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.