

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10480**

FILED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5675		Registrar's No. 13		
1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN				
b. CITY OR TOWN Rural - Hurricane Twp.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ELS BERRY		0570		
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mile west of Elsberry				d. STREET ADDRESS (If rural, give location) S. Third St.				
3. NAME OF DECEASED (Type or Print) a. (First) JUNIOR b. (Middle) CLAYTON c. (Last) ROSS			4. DATE OF DEATH APR. 4, 1953 (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 15, 1927		
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman 2nd Class			10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY		11. BIRTHPLACE (State or foreign country) ELS BERRY, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BEN E. ROSS			13b. MOTHER'S MAIDEN NAME DESSIE MARTIN			14. NAME OF HUSBAND OR WIFE Mary Dye Ross		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. II + present date			16. SOCIAL SECURITY NO. 498-22-6399		17. INFORMANT'S SIGNATURE OR NAME Annice Ross - Elsberry, Mo.			ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, Broken Neck and other Injuries					INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Automobile accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 057 E8234 3R					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Hiway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hurricane Twp. Lincoln Co. Missouri				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 4, 1953 8:30P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ran off of road with auto				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Joseph D. Marsh Coroner (Degree or title) Lincoln Co. Mo 3				23b. ADDRESS Troy, Missouri		23c. DATE SIGNED 4/4/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-7-53		24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE		24d. LOCATION (City, town, or county) (State) RED - Elsberry, Mo.		
DATE REC'D BY LOCAL REG. 4/11/53		REGISTRAR'S SIGNATURE Mrs. Clarence Kientz		FEDERAL DIRECTOR'S SIGNATURE Charles J. ...		ADDRESS Elsberry, Mo.		

(Licensed Embalmers' Statement on Reverse Side)

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

1570
3

APR 13 1953

APR 28 1953

APR 15 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 *W. G. ...*

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.