

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22479

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>	
c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>701 S. Second</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle)		c. (Last) <u>ROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12 1953</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 22, 1860</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Days		12. IF UNDER 24 HRS. Hours Min.	
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>own home</u>		11. BIRTHPLACE (State or foreign country) <u>RED-TROY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>DAVE CANNON</u>		13b. MOTHER'S MAIDEN NAME <u>CYNTHIA WOMBLES</u>		14. NAME OF HUSBAND OR WIFE <u>BEN D. ROSS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Ellen White - Elsberry, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction of heart</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Enlargement of heart</u>			
		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. <u>454X</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-8, 1953, to 6-12, 1953, that I last saw the deceased alive on 6-12, 1953, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) <u>M.D. Steenburgh</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>6-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-53</u>		24c. NAME OF CEMETERY OR REPOSITORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>RED - Elsberry, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Elsberry, Mo.</u>	
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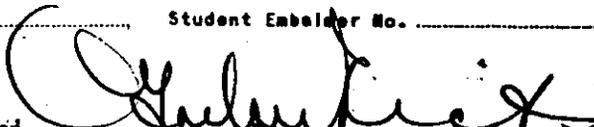
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

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working under my personal supervision.

Student
Student Embalmer

Signed 
Student Embalmer No.

Licensed Embalmer No. 4012

P. O. Address. Esberry, 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.