

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25127**  
**3372**

FILED JUL 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>  |                               | c. LENGTH OF STAY (in this place) <b>35 YEARS</b>  | c. CITY OR TOWN <b>Kansas City</b>                                |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>   |                               | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>4</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Joseph</b><br>b. (Middle) <b>C.</b><br>c. (Last) <b>Ross</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 3 1953</b>  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>  | 8. DATE OF BIRTH <b>SEPT-10-1877</b>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEERING FOREMAN</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>CITY ICE COMPANY</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |                               | 13a. FATHER'S NAME <b>JOSEPH ROSS</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>MARTHA MOON</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>CHRISTINE ROSS</b>  |   |
| 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>486-03-2316A</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHRISTINE ROSS</b>   |                               | ADDRESS <b>2628 CLEVELAND KANSAS CITY MO.</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>332*</b> |   |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 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 type="checkbox"/>   |   |
| 21f. HOW DID INJURY OCCUR? _____   |                               |  |   |
| 22. I hereby certify that I attended the deceased from <b>6/21</b> , 19 <b>53</b> , to <b>7/3</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7/2</b> , 19 <b>53</b> , and that death occurred at <b>2:50 P.m.</b> , from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <b>Herbert S. Valentine</b>   |                               | 23b. ADDRESS <b>1124 Professional Bldg. W.D. Missouri</b>  |   |
| 23c. DATE SIGNED <b>7/4/53</b>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |   |
| 24b. DATE <b>JULY 6 1953</b>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>  |   |
| 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <b>DW Newcomer</b>  |   |
| DATE REC'D BY LOCAL REG. <b>7-6-53</b>   |                               | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>   |   |

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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.....  
Signature of Student Embalmer

Signed.....  
*Rollie Kessel*

Licensed Embalmer No. 4690

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.