

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29070**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>743 W. Central</b>		d. STREET ADDRESS (If rural, give location) <b>743 W. Central</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Blanch</b> b. (Middle) <b>Ross</b> c. (Last) <b>Mc Clellan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-25-1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>March 1, 1871</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR: Months <b>25</b> Days <b>24</b> IF UNDER 24 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bussey, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Ruby Roberts, Joplin Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor myocarditis</u></b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>		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 April 6, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 24, 1953, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Boyd M.D. Carthage Mo.</b>		23b. ADDRESS		23c. DATE SIGNED <b>Aug 28-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>G. A. R. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Miami Okla.</b>	
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DATE REC'D BY LOCAL REG. <b>8-28-53</b>		REGISTRAR'S SIGNATURE <b>Wlad B. Chittard M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Ulmer Funeral Home, Carthage, Mo.</b>	
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(Licensed Embalmers' Statement on Reverse Side)

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

Dwyer

RECEIVED SEP 2 1953

Jasper County Health Office

County File Number 218

Date Filed SEP 2 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 William B. Cantrell

Licensed Embalmer No. 4850

P. O. Address Cottage No.

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.