

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43423
State File No. _____

FILED DEC 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5580</u>		Registrar's No. <u>180</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY OR TOWN <u>Rural, Twin Groves Twpsh</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Carl Junction, Rl</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. SW. Carl Junction, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>3 Mi. SW Carl Junction, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First) <u>FRANK</u>		b. (Middle) <u>M.</u>		c. (Last) <u>ROSS</u>	
4. DATE OF DEATH <u>12-13-1953</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-7-1887</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bolivar Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Baskett</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Ross</u>			
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 <u>Gerald Ross, Florissant, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor pulmonary</u>		<u>5 years</u>					
DUE TO (c) <u>Chronic pulmonary insufficiency.</u>		<u>5 years</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lateral thrombus</u> <u>Cerebral arteriosclerosis, chronic</u> <u>renal insufficiency.</u>		<u>1 week</u> <u>6 months</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"/>	
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) <u>4213</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		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 <u>10-23</u> , 19 <u>53</u> , to <u>12-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-3</u> , 19 <u>53</u> , and that death occurred at <u>9:20a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. E. DeTou Jr M.D.</u>				23b. ADDRESS <u>410 Jackson, Joplin, Mo.</u>		23c. DATE SIGNED <u>12/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-16-53</u>		REGISTRAR'S SIGNATURE <u>Ms. Madeline Sinter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. ...</u> ADDRESS <u>Carl Jct., Mo.</u>			

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

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RECEIVED

DEC 21 1953

Jasper County Health Office

County File Number 53-12-1028

Date Filed DEC. 21 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. 4304 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clayton W. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.