

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 427

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before (institution).) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write TOWNSHIP and give township) OR TOWN <u>Fulton</u> | | c. CITY OR TOWN <u>Moberly</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>10 days</u> | | e. STREET ADDRESS (If rural, give location) <u>938 Reed St</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OMAR</u> b. (Middle) <u>C.</u> c. (Last) <u>ROSS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-20-1954</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>July 26, 1890</u> | |
| 9. AGE (In years) (Months) (Days) <u>73</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u> | | 11. BIRTH PLACE (City and State or Foreign Country) <u>Macon Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Alexander Ross</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Anna Weakley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary A. Ross</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>DR</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> | | 17. ADDRESS <u>Fulton Mo</u> | |
| 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) <u>arteriosclerotic Heart Disease</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 4200 | |
| 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) (Min.) | | 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>Jan. 11, 1954</u> to <u>Jan 20, 1954</u> , that I last saw the deceased alive on <u>Jan 20, 1954</u> , and that death occurred at <u>8:56 P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul Hanks MD</u> | | 23b. ADDRESS <u>Fulton Mo</u> | |
| 23c. DATE SIGNED <u>1/20/54</u> | | _____ | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1/20/54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>DR</u> | | 24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan. 20-1954</u> | | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | |
| 4267 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home by R.M. Cator</u> | |
| _____ | | ADDRESS <u>Moberly Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 17 1954

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 *R. M. Cater*.....

Licensed Embalmer No. *4117*

P. O. Address *Proberly 9th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.