

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

State File No. **7941**

FILED MAR 17 1954

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 2

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>CAMDEN</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>CLIMAX SPRINGS</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>CAMDEN</u>
c. LENGTH OF STAY (in this place) <u>Wife</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CLIMAX SPRINGS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NANCY</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>ROSS</u>	<u>MAR 8, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 1, 1867</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>7</u>
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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>CANWELL Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>John Ross</u>	13b. MOTHER'S MAIDEN NAME <u>Jelie WATERS</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Hallcroft, Climax Springs Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>491 X</u>
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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?
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22. I hereby certify that I attended the deceased from Feb. 11, 1954, to March 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Working Beremar, D.O.</u>	23b. ADDRESS <u>Climax Springs, Mo.</u>	23c. DATE SIGNED <u>3/10/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLIMAX SPRINGS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Climax Springs, Camden, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-11-54</u>	REGISTRAR'S SIGNATURE <u>Alde R. Eldred</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Riser</u>	ADDRESS <u>Warsaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.