

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9220

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (in this place) 8 Yrs.		d. STREET ADDRESS (If rural, give location) 308 Clark Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 Clark Street			

3. NAME OF DECEASED (Type or Print) John Fredrick Ross			4. DATE OF DEATH (Month) (Day) (Year) March 19, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 17, 1891		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock	

13a. FATHER'S NAME Louis T. Ross		13b. MOTHER'S MAIDEN NAME Lizzie M. Boland		14. NAME OF HUSBAND OR WIFE Goldie Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.F. Ross, Warrensburg, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 7-10-11	

*This does not mean the mode of dying, such as heart failure, asphyxia, 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)	
		11. 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 4201		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 1-17-1953, to 3-19-1954, that I last saw the deceased alive on 3-18-1954, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Warrensburg Mo		23c. DATE SIGNED 3-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
				24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.	

DATE REC'D BY LOCAL REG. Mar 23, 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips, Warrensburg, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 25 1954
JOHNSON COUNTY HEALTH DEPT.

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.....

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Signed John P. Rodgers
Student Embalmer

Signed R. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.