

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5048**  
**888**

FILED MAR 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>66 YEARS</u>		STREET ADDRESS (If rural, give location) <u>3838 15 E. 62ND STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 E. 62ND STREET</u>			

3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>C.</u> c. (Last) <u>ROSS, Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 20, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEORGE BROS TRUST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GEO. C. ROSS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FLANNARY</u>		14. NAME OF HUSBAND OR WIFE <u>LEAH RICHMOND ROSS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>486-03-9969</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAE LEAH RICHMOND ROSS</u> ADDRESS <u>K.C. MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u>		<u>30 min</u>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

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) _____
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 3, 1949, to 2-24-55, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 3:35 AM., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>John R. Whitteman</u>	23b. ADDRESS <u>6314 Brookside Plaza</u>	23c. DATE SIGNED <u>2-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>FEB. 25, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-26-55</u>	REGISTRAR'S SIGNATURE <u>neva munsell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N.W. Newcomer's Sons</u> ADDRESS <u>1331 Brookside</u>	

WRITE PLAINLY, USING UNFADING BLACK INK—MAKE A PERMANENT RECORD John R. Whitteman

1919 U.S.

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 *James T. [Signature]*.....  
Licensed Embalmer No. 445

P. O. Address *[Signature]*.....

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.