No. 300
10.48

FILED AUG 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22360
3033

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

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (in this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELMS NURSING HOME 1310 ARMOUR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: GRANDVIEW, ~~GRANDVIEW CITY~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): X 120TH & STATE LINE R.R. #1

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): W.
c. (Last): ROSS SR.

4. DATE OF DEATH (Month) (Day) (Year): JULY -14- 1955

5. SEX: MALE
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widowed 2
8. DATE OF BIRTH: MAR-26-1873
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, not if retired): RELATED OPERATOR MACHINIST (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: FARM 120TH & STATE LINE
11. BIRTHPLACE (City and State or Foreign Country): FLEETWOOD, ENGLAND 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN ROSS
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF ~~HUSBAND~~ OR WIFE: URSULA NAOMI ROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 499-09-5510A
17. INFORMANT'S SIGNATURE OR NAME: WALTER W. ROSS JR. — ADDRESS: 120TH & STATE LINE R.R. #1 GRANDVIEW MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Mos

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.: 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1955, *to* July 14, 1955, *that I last saw the deceased alive on* July 13, 1955, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE A.W. Robinson M.D. (Degree or title): AW Robinson MD
23b. ADDRESS: 4635 W. Gandotte KC Mo.
23c. DATE SIGNED: July 14. 55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY-16-1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MT MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 7-16-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: 331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. Mo

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