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FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Granby</b>		c. CITY OR TOWN <b>Granby</b>	d. Is 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) <b>Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ed</b>	b. (Middle) _____	c. (Last) <b>Ross</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-2-55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-26-1884</b>	9. AGE (In years last birt) <b>67 1/2</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cassville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Phillip A. Ross</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Backett</b>	14. NAME OF HUSBAND OR WIFE <b>Neornia Ross</b>
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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) <b>Yes World War No I</b>	16. SOCIAL SECURITY NO. <b>500-09-2937</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Neornia Ross</b>	ADDRESS <b>Granby</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure (Decompenated cor pulmonale)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>over 1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pulmonary fibrosis</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5230</b>

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)
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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 **09-10-2, 1955**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **10-2**, 1955, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles O. Chester D.O.</b>	23b. ADDRESS <b>GRANBY, Mo</b>	23c. DATE SIGNED <b>10-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-5-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GRANBY MEMORIAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>GRANBY MO.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 10 1955</b>	REGISTRAR'S SIGNATURE <b>M. E. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <b>F. E. Shevrake Jr. Granby, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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10-10

DEC 20 1955

NEWTON COUNTY HEALTH UNIT

OCT 14 1955

RECEIVED

District Health Officer No. \_\_\_\_\_  
Medical File Number \_\_\_\_\_  
Date Filed OCT 14 1955

NEOSHO, MISSOURI

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 Floyd E. Shewmaker  
Licensed Embalmer No. 492  
P. O. Address Box 58 Granby, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.