

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39653**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **347**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside Missouri limits, give town name) <b>Versailles</b>		c. CITY OR TOWN <b>Versailles</b>	
c. LENGTH OF STAY (in this place) <b>3 da</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>University Hospital</b>		STREET ADDRESS (If rural, give location) <b>0161</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b> b. (Middle) <b>-</b> c. (Last) <b>Ross</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 16 55</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>about 1911</b>
9. AGE (In years last birthday) <b>44</b>		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, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Lebanon, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME _____	

13b. MOTHER'S MAIDEN NAME <b>Bella Neachum</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Ross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephritis</b>		II. OTHER SIGNIFICANT CONDITIONS		3 mos.	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <b>Bacteremia</b>			
		DUE TO (c) _____			
		Conditions contributing to the death but not related to the disease or condition causing death.		<b>0534</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>Columbia Boone Missouri</b>	
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 **12-13**, 19**55**, to **12-16**, 19**55**, that I last saw the deceased alive on **12-16**, 19**55**, and that death occurred at **9:48 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John N. Killough MD.</b> (Degree or title)		23b. ADDRESS <b>University Hospital</b>		23c. DATE SIGNED <b>12-16-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>19-DEC 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Versailles City Cem</b>	
24d. LOCATION (City, town, or county) STATE <b>Versailles, Mo</b>		DATE REC'D BY LOCAL REG. <b>Dec 17 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b> <b>31-0</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W.F. Kidwell</b>		ADDRESS <b>Versailles, Mo</b>			

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

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 *Gene D. Bartra*.....  
Licensed Embalmer No. *402*  
P. O. Address *Terre Haute*

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.