

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3656**

FILED JAN 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 974 PRIMARY REG. DIST. NO. 46247 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Dr. Fren</b>	a. (First) <b>James</b>	b. (Middle)	c. (Last) <b>Ross M. D.</b>	4. DATE OF DEATH <b>January 3, 1956</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>Widowed</b>	8. DATE OF BIRTH <b>Nov. 13, 1886</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Doctor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Doctor of Medicine</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Worth County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>James H. Ross</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy B. Borden</b>	14. NAME OF HUSBAND OR WIFE <b>Estella Ross</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W. W. I</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jim P. Ross - Grant City, Missouri</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH -----
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolus</b>		
	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. <b>332X</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) m.	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 Jan 53, to Jan 3, 1956, that I last saw the deceased alive on Jan 2, 1956, and that death occurred at 10a m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank B. Anderson MD</b>	23b. ADDRESS <b>Grant City, Missouri</b>	23c. DATE SIGNED <b>1-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 5, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Isadora Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Worth County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 28 1956</b>	REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>	345-	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill Dunfee</b>	ADDRESS <b>Grant City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4968

P. O. Address Grant City, 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.